

APPENDIX IV

CLOSURE PROCEDURES DOCUMENTATION

(ON COMPACT DISC)

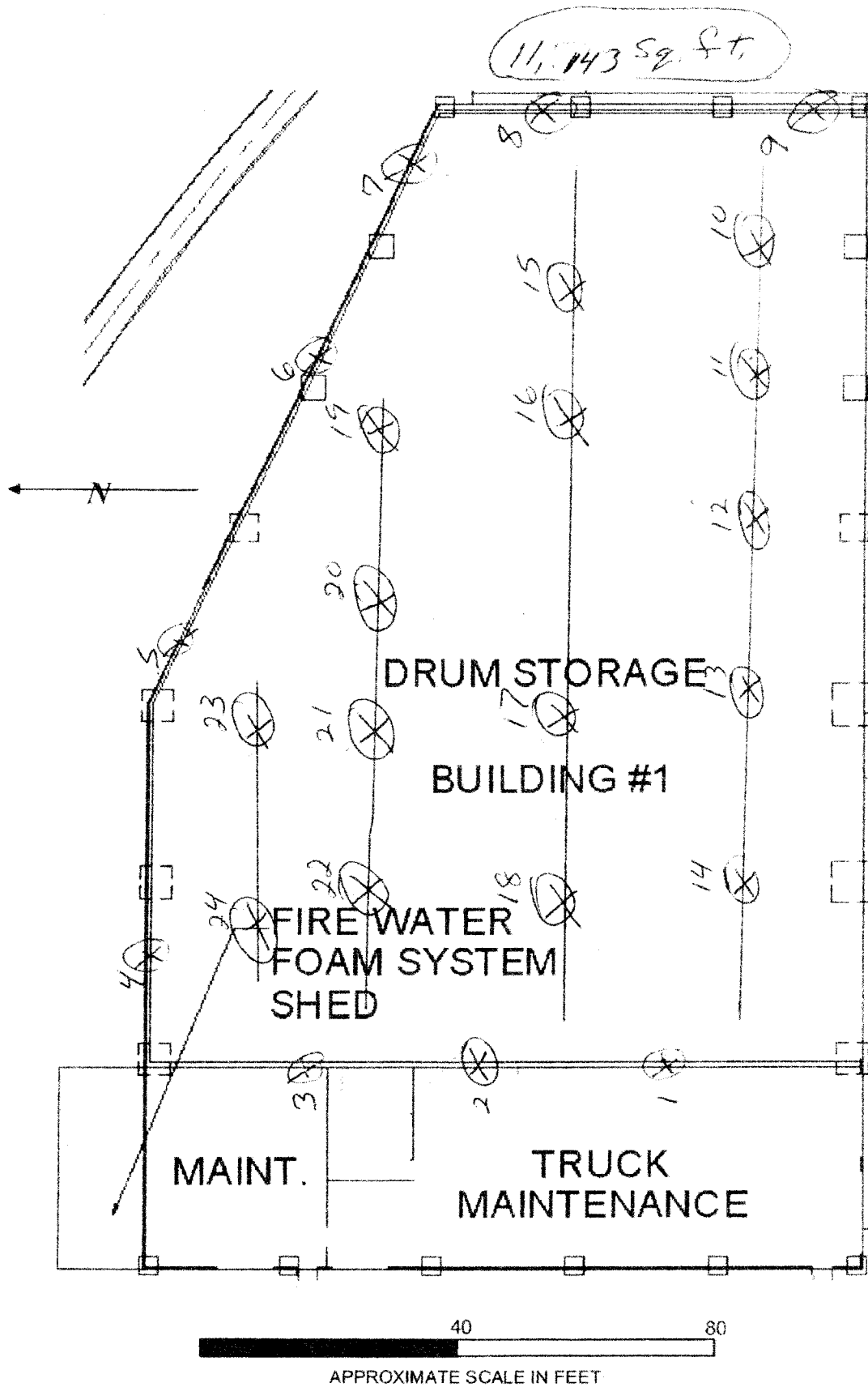


Figure B-10
Drum Storage Building #1

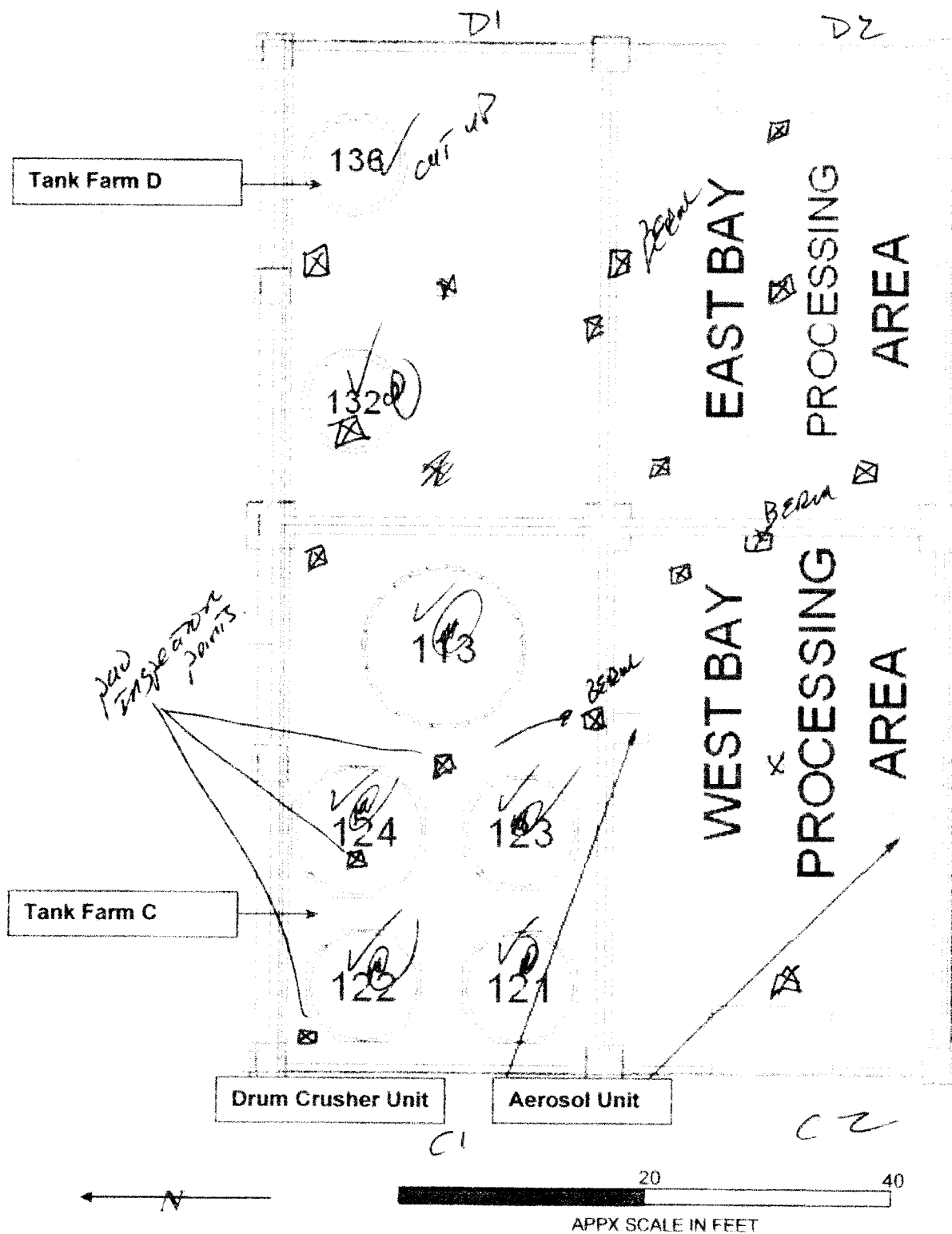


Figure B-8
Tank Farms C, D and West and East Processing Areas

CHECKLIST

DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T101

DATE: 2-24-09

HWMU/SWMU ID: TANK FARM A

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	NA N
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>0</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	NA
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	NA
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	NA Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	NA
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	N
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	2.10
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	NA
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	Y
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	Y

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	Y
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	Y
2.10	All manways on tank opened prior to commencement of high pressure spraying.	Y
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	Y
2.10	Hydroblasted surfaces were allowed to dry.	Y
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	Y
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	Y

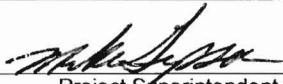

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: T101 DATE: 2-24-09
HWMU/SWMU ID: TANK FARM A

SOP SECT. #	COMMENTS
	TANK HYDROBLASTED BEFORE
	INSPECTION

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.		Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.	
			
Lead Technician Signature		Project Superintendent Signature	
			
Lead Technician Printed Name		Project Superintendent Printed Name	
<u>3-9-09</u>		<u>3-9-09</u>	
Date		Date	

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FARM A	Equipment ID:	7101
Tank	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	WEST TOP CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Exterior Location #2 (identify):	NORTH MIDDLE NEAR MANWAY		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Exterior Location #3 (identify):	BOTTOM CENTER NEAR DRAIN NOZZLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

TANK INTERIOR			
Interior Location #1 (identify):	CENTER CEILING NEAR HATCH		
Observations:	SLIGHT RUST COLOR ONLY		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Interior Location #2 (identify):	WEST MIDDLE		
Observations:	SLIGHT RUST COLOR ONLY		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Interior Location #3 (identify):	BOTTOM CENTER NEAR DRAIN		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Interior Surfaces	ALL		
Observations:	SPOTTY RUST COLOR		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

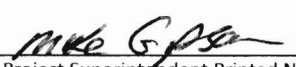
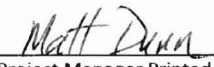

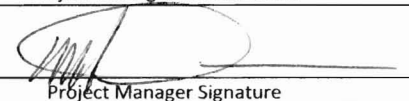
Equipment Information			
HWMU/SWMU:	TANK FORM A	Equipment ID:	T201

Verification Comments
TANK HYDROBLASTED PRIOR TO INSPECTION

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
	
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3-9-09	3-11-09
Date	Date

CHECKLIST

DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T102

DATE: 2-24-09

HWMU/SWMU ID: TANK FARM A

SOP SECT. #	SOP STEP	COMPLETED (Y – N – N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	N
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>✓</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	NA
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	NA
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	NA
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	N
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	2.10
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	NA
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	Y
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	Y

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	✓
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	✓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	✓
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	✓
2.10	Hydroblasted surfaces were allowed to dry.	✓
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	✓
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	✓
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	✓

INSTRUCTIONS:


Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

**CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)**

EQUIPMENT ID: 7102 DATE: 2-24-09
HWMU/SWMU ID: TANK FARM A

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	MIKE CARSON
Lead Technician Printed Name	Project Superintendent Printed Name
3/6/09	3/9/09
Date	Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	<i>TANK FROM A</i>	Equipment ID:	<i>T102</i>
Tank	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	<i>SOUTHWEST TOP ABOVE HATCH</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #2 (identify):	<i>WEST MIDDLE</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #3 (identify):	<i>BOTTOM CENTER NEAR DRAIN NOZZLE</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Exterior Surfaces	<i>ALL</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TANK INTERIOR			
Interior Location #1 (identify):	<i>SOUTHWEST CEILING NEAR HATCH</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #2 (identify):	<i>SOUTH MIDDLE</i>		
Observations:	<i>SLIGHT RUST COLOR</i>		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #3 (identify):	<i>BOTTOM CENTER NEAR DRAIN</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Interior Surfaces			
Observations:	<i>SLIGHT RUST COLOR</i>		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FLOW A	Equipment ID:	7102

Verification Comments
TANK HYDROBLASTED BEFORE
INSPECTION

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
<i>Mike Gerson</i>	<i>Matthew Dume</i>
Project Superintendent Printed Name	Project Manager Printed Name
<i>[Signature]</i>	<i>[Signature]</i>
Project Superintendent Signature	Project Manager Signature
<i>3/19/09</i>	<i>3/11/09</i>
Date	Date

CHECKLIST

DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T103 DATE: 2-25-09
HWMU/SWMU ID: TANK FARM B

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	N
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>0</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	NA
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	NA
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	NA
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	Y
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	2.0
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	NA
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	Y
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	Y

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	Y
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	Y
2.10	All manways on tank opened prior to commencement of high pressure spraying.	Y
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	Y
2.10	Hydroblasted surfaces were allowed to dry.	Y
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	Y
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	Y

INSTRUCTIONS:

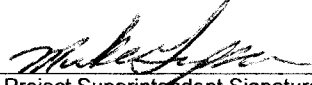
Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: <u>T103</u>	DATE: <u>2-25-09</u>
HWMU/SWMU ID: <u>TANK BDM B</u>	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	 Project Superintendent Signature
Lead Technician Printed Name	<u>MIKE GIRSON</u> Project Superintendent Printed Name
<u>3/6/09</u> Date	<u>3/9/09</u> Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FARM B	Equipment ID:	T103
Tank	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	WEST TOP CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Exterior Location #2 (identify):	WEST MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Exterior Location #3 (identify):	EAST BOTTOM CENTER NEAR DRAIN		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

TANK INTERIOR			
Interior Location #1 (identify):	WEST CEILING NEAR HATCH		
Observations:	SLIGHT RUST COLOR		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Interior Location #2 (identify):	SOUTH MIDDLE		
Observations:	SLIGHT RUST COLOR		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Interior Location #3 (identify):	BOTTOM CENTER NEAR DRAIN		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

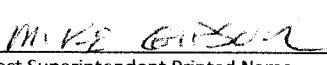

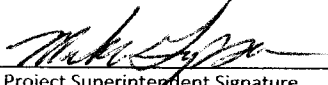

Equipment Information			
HWMU/SWMU:	TANK FARM B	Equipment ID:	7103

Verification Comments
HYDROBLASTED BEFORE INSPECTION

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p align="center"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
	
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/7/09	3/11/09
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: 7104 DATE: 2-25-09
HWMU/SWMU ID: TANK FARM B

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	N
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>✓</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	NA
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	NA
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	NA
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	N
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	2.10
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	NA
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	Y
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	Y

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	Y
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	Y
2.10	All manways on tank opened prior to commencement of high pressure spraying.	Y
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	Y
2.10	Hydroblasted surfaces were allowed to dry.	Y
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	Y
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	Y

INSTRUCTIONS:

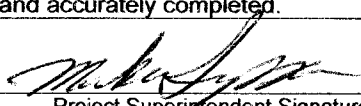
Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

**CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)**

EQUIPMENT ID: <u>7704</u>	DATE: <u>2-25-09</u>
HWMU/SWMU ID: <u>TANK FROM B</u>	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	 Project Superintendent Signature
Lead Technician Printed Name	<u>MIKE GORDON</u> Project Superintendent Printed Name
<u>3/6/09</u> Date	<u>3/9/09</u> Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK DRAIN 3	Equipment ID:	7704
Tank	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	WEST MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #2 (identify):	TOP CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #3 (identify):	BOTTOM CENTER NEAR DRAIN		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TANK INTERIOR			
Interior Location #1 (identify):	WEST CEILING NEAR HATCH		
Observations:	SLIGHT RUST COLOR		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #2 (identify):	WEST MIDDLE BELOW HATCH		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #3 (identify):	BOTTOM CENTER NEAR DRAIN		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	<i>TANK ROOM B</i>	Equipment ID:	<i>7104</i>

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
<i>MIKE GIPSON</i>	<i>Matthew Dunn</i>
Project Superintendent Printed Name	Project Manager Printed Name
<i>Mike Gipson</i>	<i>MD</i>
Project Superintendent Signature	Project Manager Signature
<i>3/9/09</i>	<i>3/11/09</i>
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T105

DATE: 2-25-09

HWMU/SWMU ID: TANK FARM A

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	Y
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>✓</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	N/A
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N/A
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	N/A
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	N/A
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	N/A
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	N/A
2.6	Pre-soaking was performed with washwater.	Y
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	2-10
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	N/A
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	Y
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	Y

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	✓
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	✓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	✓
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	✓
2.10	Hydroblasted surfaces were allowed to dry.	✓
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	✓
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	✓
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	✓

INSTRUCTIONS:



Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

**CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)**

EQUIPMENT ID: <u>7705</u>	DATE: <u>2-25-09</u>
HWMU/SWMU ID: <u>TANK EAPMA</u>	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	
Lead Technician Printed Name	Project Superintendent Printed Name
<u>3/6/09</u> Date	<u>3/9/09</u> Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK AREA	Equipment ID:	T705
Tank	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	SOUTH MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #2 (identify):	TOP CENTER		
Observations:	LIGHT STAINING ONLY		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #3 (identify):	BOTTOM CENTER		
Observations:	LIGHT STAINING ONLY		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Exterior Surfaces	ALL		
Observations:	STAINING < 5% SURFACE AREA		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TANK INTERIOR			
Interior Location #1 (identify):	SOUTH CEILING FLOOR AREA		
Observations:	SLIGHT RUST COLOR		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #2 (identify):	SOUTH MIDDLE BELOW AREA		
Observations:	SLIGHT RUST COLOR		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #3 (identify):	BOTTOM MIDDLE NEAR DRAIN		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Interior Surfaces	ALL		
Observations:	SLIGHT RUST COLOR		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FARM	Equipment ID:	DCS

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
<i>MIKE GIPSON</i>	<i>Matthew Dine</i>
Project Superintendent Printed Name	Project Manager Printed Name
<i>[Signature]</i>	<i>[Signature]</i>
Project Superintendent Signature	Project Manager Signature
<i>3-9-09</i>	<i>3-11-09</i>
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: 7112

DATE: 2/10/09

HWMU/SWMU ID: TANK FARM B

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	NA
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>0</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	NA
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	NA
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	NA
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	Y
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	NA
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	NA

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	0.4
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	✓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	✓

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

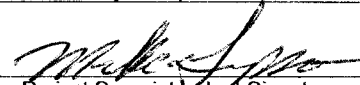
**CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)**

EQUIPMENT ID: T112

DATE: 2-10-09

HWMU/SWMU ID: TANK FARM B

SOP SECT. #	COMMENTS
2.3	DRPA LINE CONNECTED TO ALIAS TANK TO ISOLATE TANK

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
 Lead Technician Signature	  Project Superintendent Signature
 Lead Technician Printed Name	 <u>MIKE GIBSON</u> Project Superintendent Printed Name
 <u>3/2/09</u> Date	 <u>3/4/09</u> Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	T112	Equipment ID:	TANK ROOM 13
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	NORTH SIDE MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Exterior Location #2 (identify):	TOP MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #3 (identify):	BOTTOM MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TANK INTERIOR			
Interior Location #1 (identify):	TOP CEILING NEAR HATCH		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #2 (identify):	SOUTH SIDE MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #3 (identify):	BOTTOM NEAR DRAIN		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**


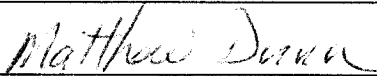

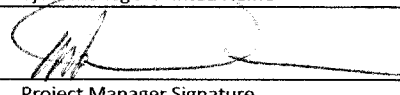
Equipment Information			
HWMU/SWMU:	Tank Form B	Equipment ID:	7712

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
	
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/4/09	3/9/09
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T13
HWMU/SWMU ID: TANK FARM C

DATE: 2/11/09

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	N/A
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>✓</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	N/A
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	N/A
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	N/A
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	N/A
2.6	Pre-soaking was performed with washwater.	N
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	N/A
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	N/A

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	NA
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	NA
2.10	All manways on tank opened prior to commencement of high pressure spraying.	NA
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	NA
2.10	Hydroblasted surfaces were allowed to dry.	NA
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	NA
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	NA
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	NA

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: T113

DATE: 2/11/09

HWMU/SWMU ID: 7707K 7702M C

[illegible]

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	Project Superintendent Signature
Lead Technician Printed Name	Project Superintendent Printed Name
Date	Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FARM C	Equipment ID:	7113
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	TOP CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #2 (identify):	SIDE (NORTH)		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #3 (identify):	BOTTOM NEAR DRAIN		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TANK INTERIOR			
Interior Location #1 (identify):	TOP CENTER NEAR NORTH (COLUMN)		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #2 (identify):	WEST MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #3 (identify):	BOTTOM CENTER NEAR DRAIN		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK ROOM C	Equipment ID:	7713

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
<i>MIKE ETPSON</i>	<i>Matthew Dunn</i>
Project Superintendent Printed Name	Project Manager Printed Name
<i>Mike Etpson</i>	<i>Matthew Dunn</i>
Project Superintendent Signature	Project Manager Signature
<i>3/19/09</i>	<i>3/11/09</i>
Date	Date

CHECKLIST

DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T121

DATE: 2-11-09

HWMU/SWMU ID: *TANK FROM C*

SOP SECT. #	SOP STEP	COMPLETED (Y – N – N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	NA
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: _____	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	NA
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	NA
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	NA

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	04
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	↓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	↓

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: <u>T121</u>	DATE: <u>2-11-09</u>
HWMU/SWMU ID: <u>TANK FRAME</u>	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	Project Superintendent Signature
Lead Technician Printed Name	Project Superintendent Printed Name
3/2/09	3/4/09
Date	Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FARM C	Equipment ID:	721
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:		

TANK EXTERIOR			
Exterior Location #1 (identify):	TOP CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #2 (identify):	WEST MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #3 (identify):	BOTTOM CENTER		
Observations:	INSPECTED AFTER LIFTING FROM PFD		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Exterior Surfaces	ALL		
Observations:	MINOR RUST CORROSION		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TANK INTERIOR			
Interior Location #1 (identify):	TOP CEILING CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #2 (identify):	NORTH MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #3 (identify):	BOTTOM CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

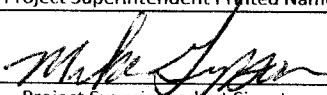
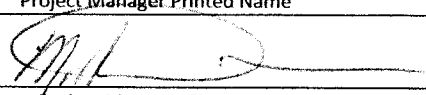
Equipment Information			
HWMU/SWMU:	TANK FARM C	Equipment ID:	T721

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p align="center"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
MIKE GIPSON	Matthew Dunn
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/4/09	3/9/09
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: 7722

DATE: 2-11-09

HWMU/SWMU ID: TANK FARM C

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	N/A
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>✓</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	Y
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	N/A
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	Y
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	N
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	Y
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	N/A
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	N/A
2.6	Pre-soaking was performed with washwater.	N/A
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	N/A
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	N/A

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	11/4
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	↓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: 7122

DATE: 2-11-09

HWMU/SWMU ID: FRANK FARM C.

[illegible]

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	Project Superintendent Signature
Lead Technician Printed Name	Project Superintendent Printed Name
3/2/09 Date	3/4/09 Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK 1000C	Equipment ID:	1122
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:		

TANK EXTERIOR			
Exterior Location #1 (identify):	TOP CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #2 (identify):	MIDDLE CENTER (WEST SIDE)		
Observations:	SOME PAINT CHIPPING		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #3 (identify):	MIDDLE BOTTOM		
Observations:	INSPECTED BUT NO REMOVAL		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TANK INTERIOR			
Interior Location #1 (identify):	TOP CENTER CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #2 (identify):	SOUTH MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #3 (identify):	BOTTOM CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

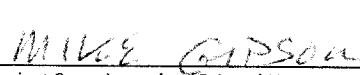
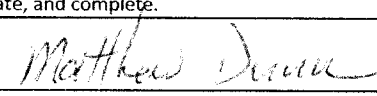
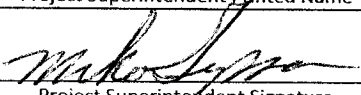
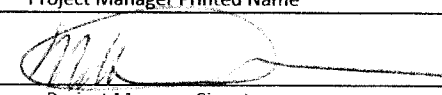
Equipment Information			
HWMU/SWMU:	TANK #2 MC	Equipment ID:	7722

Verification Comments
LIFTED BOTTOM IS INSPECTION

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
 Project Superintendent Printed Name	 Project Manager Printed Name
 Project Superintendent Signature	 Project Manager Signature
3/4/09 Date	3/9/09 Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T123

DATE: 2-11-09

HWMU/SWMU ID: TANK FARM C

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	NA
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>✓</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	Y
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	NA
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	Y
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	N
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	Y
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	NA
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	NA
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	NA

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	11/1
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: 7723

DATE: 2-11-09

HWMU/SWMU ID: 701K Item C

[illegible]

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	Project Superintendent Signature
Lead Technician Printed Name	Project Superintendent Printed Name
Date	Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FARM	Equipment ID:	1123
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	TOP CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #2 (identify):	WEST MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #3 (identify):	BOTTOM CENTER		
Observations:	INSPECTED AFTER LIFTING		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TANK INTERIOR			
Interior Location #1 (identify):	TOP CENTER CELLING		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #2 (identify):	NORTH MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #3 (identify):	BOTTOM MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FARM C	Equipment ID:	T123

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
<i>MIKE GIBSON</i>	<i>Matthew Dunn</i>
Project Superintendent Printed Name	Project Manager Printed Name
<i>Mike Gibson</i>	<i>[Signature]</i>
Project Superintendent Signature	Project Manager Signature
<i>3/4/09</i>	<i>3/9/09</i>
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T124

DATE: 2-11-09

HWMU/SWMU ID: TANK FARM C

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	NA
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>✓</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	Y
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	NA
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	Y
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	N
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	Y
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	NA
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	NA
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	NA

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	NA
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	↓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	↓

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

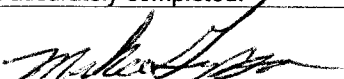
CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: T124

DATE: 2-11-09

HWMU/SWMU ID: DANK FARM C

[illegible]

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	MIKE GIBSON
Lead Technician Printed Name	Project Superintendent Printed Name
3/2/09	3/4/09
Date	Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FARM C	Equipment ID:	7124
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	TOP CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #2 (identify):	NORTH MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #3 (identify):	BOTTOM CENTER		
Observations:	INSPECTED AFTER LIFTING		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TANK INTERIOR			
Interior Location #1 (identify):	TOP CENTER CEILING		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #2 (identify):	EAST MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #3 (identify):	BOTTOM CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**


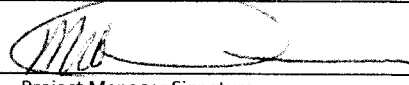
Equipment Information			
HWMU/SWMU:	TANK F2M2	Equipment ID:	7724

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
MIKE GIPSON	Matthew Dunn
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/4/09	3/9/09
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T 132

DATE: 3/2/09

HWMU/SWMU ID: TANK FARM D

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	N/A
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>8</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	N/A
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	Y
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater. <u>TREATMENT</u>	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	N/A
2.6	Pre-soaking was performed with washwater.	Y
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	N/A
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	N/A

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	M
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	↓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	↓

INSTRUCTIONS:


Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: <u>T132</u>	DATE: <u>3/2/09</u>
HWMU/SWMU ID: <u>TANK FARM D</u>	

SOP SECT. #	COMMENTS
23	WASH AND RINSE WATER GO STRAIGHT TO FILTER SYSTEM

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	<u>MIKE GIBSON</u>
Lead Technician Printed Name	Project Superintendent Printed Name
<u>3/2/09</u> Date	<u>3/4/09</u> Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FARM D	Equipment ID:	7732
Tank	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> HDPE <input type="checkbox"/> Other:		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:		

TANK EXTERIOR			
Exterior Location #1 (identify):	TOP CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #2 (identify):	WEST MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #3 (identify):	BOTTOM CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Exterior Surfaces	ONLY SECONDARY CONTAINMENT		
Observations:	AND REMAINING EXTERIOR SURFACES		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TANK INTERIOR			
Interior Location #1 (identify):	CEILING NEAR HATCH		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #2 (identify):	WEST MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #3 (identify):	BOTTOM CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**



Equipment Information			
HWMU/SWMU:	TANK FARM D	Equipment ID:	1732

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
MIKE GIPSON	Matthew Dunn
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3-4-09	3-9-09
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T136

DATE: 3/11/09

HWMU/SWMU ID: Tank Farm D

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	Y
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>0</u>	
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	
2.3	Emergency equipment and PPE decontamination stations were in place.	
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	
2.6	Pre-soaking was performed with washwater.	
2.7	Exterior surfaces were pressure washed.	
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	
2.8	Exterior surfaces were rinsed twice.	
2.8	Interior surfaces were rinsed twice.	
2.8	Spent rinseate was transferred to a temporary storage tank.	
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	Y

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	NA
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	

INSTRUCTIONS:


Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: <u>T136</u>	DATE: <u>3-11-09</u>
HWMU/SWMU ID: <u>DMK PPMU D</u>	

SOP SECT. #	COMMENTS
	TANK AND CONTAINMENT CUP UP
	FOR DISPOSAL

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	<u>MIKE GERSON</u>
Lead Technician Printed Name	Project Superintendent Printed Name
<u>3-11-09</u>	<u>3-11-09</u>
Date	Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	DINKERMAN D	Equipment ID:	T134
Tank	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior Location #2 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior Location #3 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Exterior Surfaces			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

TANK INTERIOR			
Interior Location #1 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interior Location #2 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interior Location #3 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Interior Surfaces			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TANK FARM D	Equipment ID:	7736

Verification Comments
TANK OUT UP FOR DISPOSAL

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
Project Superintendent Printed Name	Project Manager Printed Name
Project Superintendent Signature	Project Manager Signature
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: T210

DATE: 2-18-09

HWMU/SWMU ID: DISTILLATION UNIT

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	NA
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>0</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	Y
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	NA
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	NA

CHECKLIST **DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT** **(Continued)**

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	24
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	↓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	↓

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: T210

DATE: 2-18-09

HWMU/SWMU ID: DISTILLATION UNIT

[illegible]

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	Project Superintendent Signature
Lead Technician Printed Name	Project Superintendent Printed Name
3/2/09. Date	3/4/09 Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	DEBRIS UNIT	Equipment ID:	T210
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	TOP CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Exterior Location #2 (identify):	EAST SIDE WALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Exterior Location #3 (identify):	BOTTOM CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

TANK INTERIOR			
Interior Location #1 (identify):	TOP CEILING NEAR HATCH/MIXER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Interior Location #2 (identify):	EAST SIDE MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Interior Location #3 (identify):	BOTTOM CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

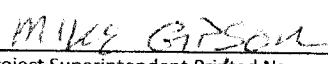
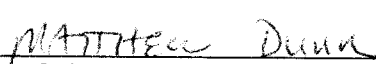

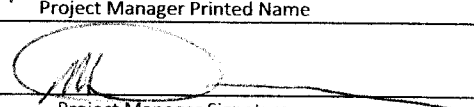
Equipment Information			
HWMU/SWMU:	DISTILLER WASTE	Equipment ID:	T210

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
 Project Superintendent Printed Name	 Project Manager Printed Name
 Project Superintendent Signature	 Project Manager Signature
3-4-09 Date	3-9-09 Date

**INSPECTION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	VACUUM POT	Equipment ID:	
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:		
Process Equipment	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:		

TANK EXTERIOR			
Exterior Location #1 (identify):	MAIN BODY (REBOILER)		
Observations:	Clean		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #2 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior Location #3 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Remaining Exterior Surfaces			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

TANK INTERIOR			
Interior Location #1 (identify):	MAIN BODY (REBOILER)		
Observations:	Very Clean		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #2 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior Location #3 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Remaining Interior Surfaces			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Residues in cracks, pits:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

INSPECTION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT CLEAN DEBRIS SURFACE STANDARD

Equipment Information		
HWMU/SWMU:	VACUUM POT	Equipment ID:

Inspector Comments
<p>Interior surface was cleaned with hot NMP (n-methyl pyrrolidinone) and then triple rinsed by with steam before shutting it down in Sept-2007.</p>

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Inspection Results		
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
<small>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</small>		
Print Inspector Name:	ASHOK JAIN	Date: 7/29/09
Inspector signature:		
<small>If equipment failed, Project Superintendent to decide whether to repeat decontamination</small>		
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:		

Project Superintendent Certification	Project Manager Certification
<small>I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.</small>	<small>I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.</small>
Project Superintendent Printed Name	Project Manager Printed Name
Project Superintendent Signature	Project Manager Signature
Date	Date

**INSPECTION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information	
HWMU/SWMU:	VAC POT RECEIVER Equipment ID: _____
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____
Process Equipment	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____

TANK EXTERIOR	
Exterior Location #1 (identify):	RECEIVER #1 (SI)
Observations:	clean
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #2 (identify):	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior Location #3 (identify):	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Exterior Surfaces	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

TANK INTERIOR	
Interior Location #1 (identify):	RECEIVER #1 (SI)
Observations:	COULDN'T SEE INSIDE THE TANK
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interior Location #2 (identify):	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interior Location #3 (identify):	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Interior Surfaces	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

**INSPECTION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information	
HWMU/SWMU:	VacPot Receiver Equipment ID:

Inspector Comments
Distilled MMP was stored into Receiver S1 before drumming it up. Receiver S1 was also steamcleaned three times before shutting down this unit in Sept of 2007

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Inspection Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
Print Inspector Name:	ASHOK JAIN
Inspector signature:	Ashok Jain
Date: 7/29/09	
If equipment failed, Project Superintendent to decide whether to repeat decontamination	
Repeat Decontamination? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
Project Superintendent Printed Name	Project Manager Printed Name
Project Superintendent Signature	Project Manager Signature
Date	Date

**INSPECTION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information	
HWMU/SWMU:	Vacuum Pot Receiver Equipment ID:
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:
Process Equipment	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:

TANK EXTERIOR	
Exterior Location #1 (identify):	Receiver # 2 (S2)
Observations:	Clean
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior Location #2 (identify):	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior Location #3 (identify):	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Exterior Surfaces	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

TANK INTERIOR	
Interior Location #1 (identify):	RECEIVER # 2 (S2)
Observations:	UNABLE TO SEE INSIDE
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interior Location #2 (identify):	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interior Location #3 (identify):	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Interior Surfaces	
Observations:	
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

**INSPECTION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information		
HWMU/SWMU:	VACUOT RECEIVER	Equipment ID:

Inspector Comments
Receiver S2 was very clean. we stored product NMP before drumming it up - Rec. S2 was also steam cleaned 3 times before shutting down in Sept 2007

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Inspection Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
Print Inspector Name:	ASHOK JAIN
Date:	7/29/09
Inspector signature:	Ashok Jain
If equipment failed, Project Superintendent to decide whether to repeat decontamination	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
Project Superintendent Printed Name	Project Manager Printed Name
Project Superintendent Signature	Project Manager Signature
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: Thin Film Unit

DATE: 3-6-09

HWMU/SWMU ID: Thin Film / VAC PET AREA

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	NA
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>0</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	NA
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	NA
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	N
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	N
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	↓

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	14
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

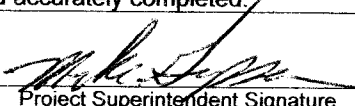
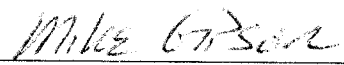
CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: Thin Film Unit

DATE: 3/6/09

HWMU/SWMU ID: Thin Film Area

SOP SECT. #	COMMENTS
2.3	DRAINED TO BLIND SUMP AND PUMPED TO HOLDING TANK

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.		Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.	
			
Lead Technician Signature		Project Superintendent Signature	
			
Lead Technician Printed Name		Project Superintendent Printed Name	
<u>3/10/09</u> Date		<u>3/11/09</u> Date	

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	THIN FILM	Equipment ID:	THIN FILM UNIT
Tank	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:		
Process Equipment	<input checked="" type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other:		

TANK EXTERIOR			
Exterior Location #1 (identify):	THIN FILM TOP COVER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #2 (identify):	THIN FILM SIDE WALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exterior Location #3 (identify):	THIN FILM DRAIN BOTTOM		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Exterior Surfaces	HEAT EXCHANGER BODY (MIDDLE)		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TANK INTERIOR			
Interior Location #1 (identify):	UNDERGROUND TOP COVER ASSEMBLY		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #2 (identify):	BOTTOM SURFACE BOTTOM		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interior Location #3 (identify):	HEAT EXCHANGER JACKET SHELL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Interior Surfaces	HEAT EXCHANGER TITANIUM MANIFOLD		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	TAN FLM	Equipment ID:	TAN FLM UNIT

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
<i>Mike Gibson</i>	<i>Matthew Duane</i>
Project Superintendent Printed Name	Project Manager Printed Name
<i>Mike Gibson</i>	<i>Matthew Duane</i>
Project Superintendent Signature	Project Manager Signature
<i>3/11/09</i>	<i>3/18/09</i>
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: DISTILLATION BOILER

DATE: 2/18/07

HWMU/SWMU ID: DISTILLATION UNIT

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	NA
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>0</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	Y
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	NA
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	NA
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	NA
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	NA

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	nd
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	↓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	✓

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: PCB 1492

DATE: 2-18-29

HWMU/SWMU ID: DISTRIBUTION UNIT[illegible]

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.

Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.

Lead Technician Signature

Project Superintendent Signature

Lead Technician Printed Name

Project Superintendent Printed Name _____

3/9/09

Date _____

3/11/69

Date _____

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	<i>DISC UNIT</i>	Equipment ID:	<i>REBOILER</i>
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	<i>TOP HATCH AREA</i>		
Observations:	<i>CUT THROUGH INSULATION TO OBSERVE</i>		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #2 (identify):	<i>SIDE (NORTH) CENTER</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #3 (identify):	<i>BOTTOM (EAST SIDE)</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Exterior Surfaces	<i>ALL</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TANK INTERIOR			
Interior Location #1 (identify):	<i>TOP CEILING- NEAR HATCH</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #2 (identify):	<i>WEST END CENTER</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #3 (identify):	<i>BOTTOM CENTER</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Interior Surfaces	<i>ALL</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	DIST UNIT	Equipment ID:	ReBoiler

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p align="center"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
<i>MIKE GIPSON</i>	<i>Matthew Dunn</i>
Project Superintendent Printed Name	Project Manager Printed Name
<i>Mike Gipson</i>	<i>Matthew Dunn</i>
Project Superintendent Signature	Project Manager Signature
<i>3/11/09</i>	<i>3/18/09</i>
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: HEAT EXCHANGER (RETURN) DATE: 2/18/09
HWMU/SWMU ID: DIST. UNIT

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	NA
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>✓</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	NA
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	NA
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	Y
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	NA

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	M
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	↓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	✓

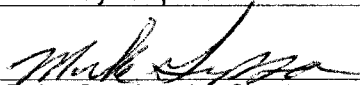
INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: <u>REBOILER</u> <u>HEAT EXCHANGER</u>	DATE: <u>2/18/09</u>
HWMU/SWMU ID: <u>DIST UNIT</u>	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	 Project Superintendent Signature
Lead Technician Printed Name	<u>MIKE GIBSON</u> Project Superintendent Printed Name
<u>3/11/09</u> Date	<u>3/12/09</u> Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	<i>DIST UNIT</i>	Equipment ID:	<i>HEAT EXCHANGER (REBOILER)</i>
Tank	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input checked="" type="checkbox"/> Other: <i>COPPER</i>		

TANK EXTERIOR			
Exterior Location #1 (identify):	<i>TOP COVER</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #2 (identify):	<i>WEST END</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #3 (identify):	<i>BOTTOM COVER</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Exterior Surfaces	<i>ALL</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TANK INTERIOR			
Interior Location #1 (identify):	<i>EAST MANIFOLD COVER INTERIOR</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #2 (identify):	<i>COPPER TUBING INTERIORS</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #3 (identify):	<i>BOTTOM TUBING MANIFOLD</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Interior Surfaces	<i>ALL</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	D51 UNIT	Equipment ID:	Redon 162 400 2/4/09

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
<i>MIKE GIPSON</i>	<i>Matthew Dume</i>
Project Superintendent Printed Name	Project Manager Printed Name
<i>Mike Gipson</i>	<i>Matthew Dume</i>
Project Superintendent Signature	Project Manager Signature
<i>3/12/09</i>	<i>3/18/09</i>
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: TOWER

DATE: 2/18/09

HWMU/SWMU ID: DISTILLATION UNIT

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	Y
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>NA</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	Y
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	Y
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	SEE NOTES
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: <u>NA</u>	NA
2.6	Pre-soaking was performed with washwater.	NA
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	NA

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	M
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	↓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	✓

INSTRUCTIONS:


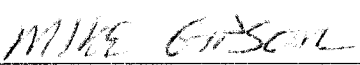
Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: <u> TOWER </u>	DATE: <u> 2/18/09 </u>
HWMU/SWMU ID: <u> DIST. UNIT </u>	

SOP SECT. #	COMMENTS
2.1	REMOVED FROM PCTF AND MOVED TO DECON AREA
2.3	DRAINAGE IN DECON AREA

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	
Lead Technician Printed Name	Project Superintendent Printed Name
<u> 3/10/09 </u> Date	<u> 3/11/09 </u> Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	<i>DIST UNIT</i>	Equipment ID:	<i>TOWER</i>
Tank	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	<i>TOP CENTER</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #2 (identify):	<i>CENTER MIDDLE</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #3 (identify):	<i>BOTTOM RIM</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Exterior Surfaces	<i>ALL</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TANK INTERIOR			
Interior Location #1 (identify):	<i>TOP MIDDLE INTERIOR</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #2 (identify):	<i>LOWER DRAIN PIST INTERIOR</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #3 (identify):	<i>BOTTOM CHAMBER</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Interior Surfaces	<i>ALL</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**


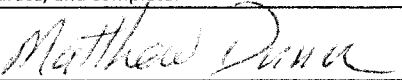
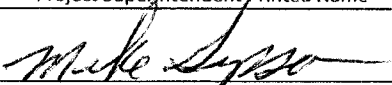
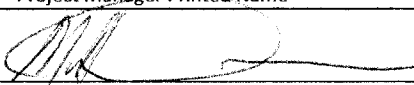
Equipment Information			
HWMU/SWMU:	DIST UNIT	Equipment ID:	72492

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
	
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/10/09	3/15/09
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: DIST TOWER UNIT DATE: 2/18/09
HWMU/SWMU ID: DISTILLATION UNIT

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	Y
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>✓</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	Y
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	SEE NOTES
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	Y
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	NA

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	NA
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	✓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	✓

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

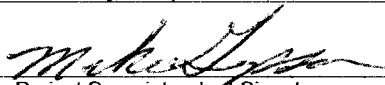
CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: TOWER HEAT EXC

DATE: 2/18/09

HWMU/SWMU ID: PIST UNIT

SOP SECT. #	COMMENTS
21	REMOVED FROM ROOF TO DECON PAD
23	PRIMED IN DECON PAD.

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
 Lead Technician Signature	  Project Superintendent Signature
 Lead Technician Printed Name	 Mike Gibson Project Superintendent Printed Name
 3/11/09 Date	 3/12/09 Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	DISTANT	Equipment ID:	HEAT EXCHANGER (TOWER)
Tank	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input checked="" type="checkbox"/> Other: COPPER		

TANK EXTERIOR			
Exterior Location #1 (identify):	BOTTOM MIDDLE		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #2 (identify):	END CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #3 (identify):	OTHER END CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TANK INTERIOR			
Interior Location #1 (identify):	END COVER INSIDE (MIRROR CENTER)		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #2 (identify):	MANIFOLD BOTTOM		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #3 (identify):	OTHER END MANIFOLD BOTTOM		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Interior Surfaces	ALL		
Observations:	(TUBES CLEAR)		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

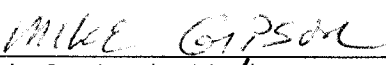
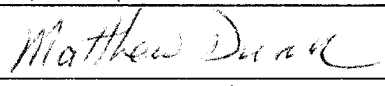
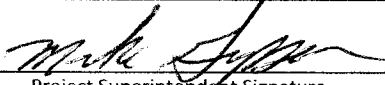

Equipment Information			
HWMU/SWMU:	DIST UNIT	Equipment ID:	TWEE 14915 EXCHANGER

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
	
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/12/09	3/18/09
Date	Date

EQUIPMENT ID: UOC UNIT
HWMU/SWMU ID: UOC UNIT

HWMU/SWMU ID: 002 0015

p. B-3

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)




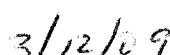
2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	NA
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	

INSTRUCTIONS:

Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

EQUIPMENT ID: VOC UNIT DATE: 2/18/09
HWMU/SWMU ID: VOC UNIT

[illegible]

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	
Lead Technician Printed Name	Project Superintendent Printed Name
	
Date	Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	VOC unit	Equipment ID:	VOC unit
Tank	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	CONDENSOR		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #2 (identify):	INLET LINE PORT EXTERIOR		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #3 (identify):	HOLDING TANK TOP		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TANK INTERIOR			
Interior Location #1 (identify):	HOLDING TANK BOTTOM CENTER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #2 (identify):	CONDENSOR VALVE INTERIOR		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #3 (identify):	SLUDGE DRAIN VALVE INTERIOR		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Interior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

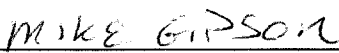
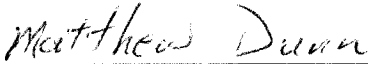
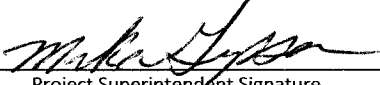
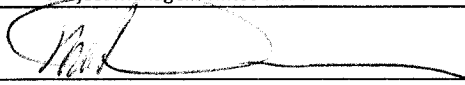
Equipment Information			
HWMU/SWMU:	VOC UNIT	Equipment ID:	VOC UNIT

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
 Project Superintendent Printed Name	 Project Manager Printed Name
 Project Superintendent Signature	 Project Manager Signature
3/12/09 Date	3/18/09 Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: AEROSOL UNIT 1 DATE: 3/13/09
HWMU/SWMU ID: " "

SOP SECT. #	SOP STEP	COMPLETED (Y – N – N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	NA
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: <u>✓</u>	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	NA
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	NA
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	NA
2.6	Pre-soaking was performed with washwater.	NA
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	NA
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	NA

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	NA
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	↓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	↓
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	

INSTRUCTIONS:

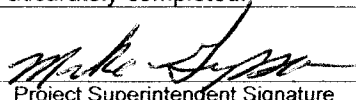
Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

**CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)**

EQUIPMENT ID: <u>Aggeosol unit 1</u>	DATE: <u>3/13/09</u>
HWMU/SWMU ID: _____	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	MIKE GIBSON
Lead Technician Printed Name	Project Superintendent Printed Name
<u>3/13/09</u>	<u>3/14/09</u>
Date	Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	AEROSOL UNIT 1	Equipment ID:	AEROSOL UNIT 1
Tank	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	CENTRE CHAMBER EXTERIOR		
Observations:	FROM DOOR		
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #2 (identify):	PEDESTAL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Exterior Location #3 (identify):	TOP		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Remaining Exterior Surfaces	ALL		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TANK INTERIOR			
Interior Location #1 (identify):	INSIDE CENTRE CHAMBER		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Interior Location #2 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior Location #3 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Remaining Interior Surfaces			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residues in cracks, pits:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

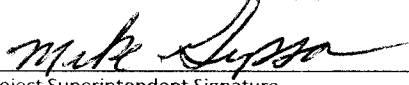
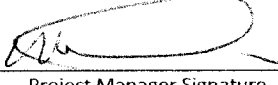
Equipment Information			
HWMU/SWMU:	APROSOL UNIT 1	Equipment ID:	APROSOL UNIT 1

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
MIKE GIBSON	Matthew Dunn
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/14/09	3/15/09
Date	Date

CHECKLIST DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT

EQUIPMENT ID: Drum closure

DATE: 3/14/08

HWMU/SWMU ID: _____

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
2.1	If decontamination was not conducted "in-place", equipment was inspected, drained of any free liquids, and moved to a bermed containment area before decontamination.	N/A
2.2	Equipment was inspected for vapors and checked for confined space requirements. Gas meter reading: _____	Y
2.2	If reading was >10% LEL, equipment was vented and purged, and an atomized water spray was used to knock down vapors. Continuous monitoring was conducted at the outlet port to insure <10% LEL outside the tank at all times.	N/A
2.2	All ports, manways, hatches, or inspection points were opened and allowed to air out.	Y
2.2	Equipment was inspected and found to be free of visible contamination and no presence of organic constituents. (Skip decontamination and rinsing procedures and go to verification procedures on Section 2.9)	N
2.2	Containment pads provided adequate containment of waste from washing and rinsing.	Y
2.3	Scaffolding was erected for equipment systems higher than 6 feet without fixed elevated work surfaces.	N/A
2.3	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
2.3	Washing equipment and supplies, water sources, and washwater collection points were available.	Y
2.3	Ingress and egress were limited to a single retaining wall, stair well or ladder.	Y
2.3	Emergency equipment and PPE decontamination stations were in place.	Y
2.3	Tank, vessel or process equipment drain lines/valves were connected to a temporary storage tank to hold the spent washwater.	Y
2.4	Accumulated debris or sludge found in the bottom of a tank or process vessel was collected and placed into DOT containers or totes for waste determination and proper disposal.	Y
2.5	If needed, flushing of irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	N/A
2.6	Pre-soaking was performed with washwater.	N/A
2.7	Exterior surfaces were pressure washed.	Y
2.7	Interior surfaces were pressure washed. Irregular internal chambers and voids are pressure were pressure washed using a mole or wide angle rotor washing attachment.	Y
2.8	Exterior surfaces were rinsed twice.	Y
2.8	Interior surfaces were rinsed twice.	Y
2.8	Spent rinseate was transferred to a temporary storage tank.	Y
2.9	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	Y
2.10	Should general pressure washing of tank surfaces require more vigorous decontamination, the following course of action was taken using hydroblasting of selected surfaces to remove rust, scale, or stubborn build up of contamination	N/A
2.10	Spent hydroblasting rinse water was allowed to drain into secondary containment and was collected immediately and continuously, and pumped to the temporary holding tank located in Tank Farm D.	N/A

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

2.10	Plastic or cloth barriers were erected to prevent overspray or ejection of particles beyond the control zone, if necessary.	M4
2.10	Conducted hydroblasting in accordance with the safety and operational policies found in the Clean Harbors hydroblasting safety and procedure guidelines.	↓
2.10	All manways on tank opened prior to commencement of high pressure spraying.	
2.10	Tank surfaces were checked visually every few minutes to monitor progress and determine results.	
2.10	Hydroblasted surfaces were allowed to dry.	
2.10	Verification of successful decontamination was conducted in accordance with Section 6 (see Form Appendix B1).	
2.10	Any remaining loose scale or material in pitted surfaces was/were manually removed using wire brushes or hand grinders.	
2.10	Solids were collected from the containment pad sump and from the first stage of the filter system and containerized for characterization and determination for proper disposal.	↓

INSTRUCTIONS:

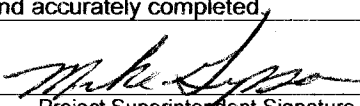
Equipment IDs are found in SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
(Continued)

EQUIPMENT ID: <u>Alum Coaster</u>	DATE: <u>3/14/09</u>
HWMU/SWMU ID: _____	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	MIKE HIPSON
Lead Technician Printed Name	Project Superintendent Printed Name
3/14/09	3/15/09
Date	Date

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	<i>DRAIN CANS</i>	Equipment ID:	<i>DRAIN CANS 112</i>
Tank	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
Process Equipment	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		

TANK EXTERIOR			
Exterior Location #1 (identify):	<i>PISTON CHAMBER</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Exterior Location #2 (identify):	<i>PISTON ROD</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Exterior Location #3 (identify):	<i>RECOVERING BIN HOUSING</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Exterior Surfaces	<i>HEEL</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

TANK INTERIOR			
Interior Location #1 (identify):	<i>DRAIN CANS LID</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Interior Location #2 (identify):	<i>BIN FLOOR</i>		
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Interior Location #3 (identify):			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remaining Interior Surfaces			
Observations:			
Surface contamination:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staining:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**VERIFICATION FORM FOR TANKS, VESSELS, AND MAJOR PROCESS EQUIPMENT
CLEAN DEBRIS SURFACE STANDARD**

Equipment Information			
HWMU/SWMU:	<i>Drum Closures</i>	Equipment ID:	<i>Drum Closures</i>

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 6 for guidance. Attach tank sketch if appropriate.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p align="center"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
<i>MIKE GILSON</i>	<i>Matthew Dene</i>
Project Superintendent Printed Name	Project Manager Printed Name
<i>Mike Gilson</i>	<i>Matthew Dene</i>
Project Superintendent Signature	Project Manager Signature
<i>3/15/09</i>	<i>3/15/09</i>
Date	Date

CHECKLIST DECONTAMINATION OF PIPING, PUMPS, VALVES, AND OTHER SMALL EQUIPMENT

EQUIPMENT ID: PIPING AND EQUIPMENT DATE: 2-2-09
HWMU/SWMU ID: TANK FROM A

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
3.1	Decontamination pad was set up inside the existing West Bay process area.	Y
3.2	Equipment was monitored for vapors during disassembly. Gas meter reading: <u><20 ppm (pipework)</u>	Y
3.2	If reading was greater than 10% LEL, equipment was vented or flushed out into a vacuum truck or directly to a holding tank until LEL falls below 10% LEL.	N/A
3.3	Piping requiring cold cutting was purged with nitrogen at 15 psig. A 4-gas monitor was used at a downstream access point and monitored continuously during cutting to ensure less than 10% LEL.	N/A
3.3	Plastic sheet drop barriers or metal wash racks were installed (if necessary).	Y
3.3	Rinse tank, washing equipment and supplies, water source and washwater collection points were available.	Y
3.3	Ingress/egress was limited to a single ramp on the west end of the process area.	Y
3.3	Emergency equipment and PPE decontamination stations were in place.	Y
3.4	Removable waste solids or sludge (if any) found during disassembly was removed and transferred to a DOT container and characterized for proper disposal.	Y
3.5	If needed, flushing irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	N/A
3.6	Pre-soaking was performed with washwater.	Y
3.7	Draining of piping was conducted at the lowest point drain or pumping out of the equipment piece. Any free liquids were allowed to drain into a container or tray.	Y
3.7	Starting at the highest point in the overhead piping system, piping sections were unbolted at flange connections with each disconnected end covered with 6 ml plastic and taped to prevent incidental internal material leakage or release.	Y
3.7	Piping and equipment were broken down into sections or components at flanges, unions, or disconnection points.	Y
3.7	Pumps and equipment having inaccessible interior spaces or voids were broken down such that all interior chambers and voids could be directly washed and rinsed.	Y
3.7	Piping and equipment were placed into the prepared decontamination area where plastic ends will be removed.	Y
3.7	Each pipe section was tilted on a temporary decon rack and external and internal surfaces were power washed. Equipment was positioned or broken down to allow for direct power washing and rinsing.	Y
3.7	The containment sump was pumped out continuously to prevent accumulation of spent washwater.	Y
3.7	Spent washwater was transferred to temporary tank storage.	Y
3.8	Each pipe section and equipment piece was submerged for at least 60 seconds in a rinse water tank filled with sufficient clean water to completely submerge all pieces.	Y
3.8	A rinsate sample number was taken, and a sample number assigned (Appendix C). The same number was assigned to the batch of decontaminated items.	Y
3.8	Spent rinsate was collected in a temporary storage tank.	Y
3.9	Verification of successful decontamination was conducted in accordance with Section 7.	Y

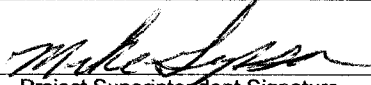
INSTRUCTIONS:

Equipment IDs and HWMUs are found in Table SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST DECONTAMINATION OF PIPING, PUMPS, VALVES, AND OTHER SMALL EQUIPMENT

EQUIPMENT ID: <u>PIPING AND EQUIPMENT</u>	DATE: <u>2-2-09</u>
HWMU/SWMU ID: <u>TANK ROOM A</u>	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	 Project Superintendent Signature
Lead Technician Printed Name	<u>MIKE GIBSON</u> Project Superintendent Printed Name
<u>3/23/09</u> Date	<u>3/24/09</u> Date

VERIFICATION FORM FOR PIPING, PUMPS, VALVES, AND SMALL EQUIPMENT CLEAN RINSATE STANDARD

Equipment Information			
HWMU/SWMU: <u>TANK FARM A</u>			
Piping	<input checked="" type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Approx length	<u>5-10 ft</u>	Avg nominal diameter <u>2-3"</u>
Pumps	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> HDPE <input checked="" type="checkbox"/> Other: <u>Aluminum</u>		
	Description: <u>DIAPHRAGM</u>		
Valves	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description: <u>2-3 inch</u>		
Small Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description: <u>MANIFOLD</u>		

SAMPLE COLLECTION			
If analytical results are <i>not</i> available for the beginning rinsate for a batch, collect two sets of rinsate samples; one set before rinsing and one set after rinsing. Both sets must consist of all the containers listed below. If analytical results are available for the beginning rinsate, only the final samples are required.			
Sample Date and Time: _____			
Samples:	3 x 40-ml VOA vials, no head space:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Two 1-liter amber glass bottles:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	One 1-liter HDPE bottle, nitric acid added to pH < 2:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other, describe: _____		
Measure pH and record result:	Rinsate sample before rinsing: <u>8</u>	Final rinsate sample: <u>8</u>	
Method used:	<input type="checkbox"/> pH meter <input checked="" type="checkbox"/> pH paper <input type="checkbox"/> Other: _____		
If pH meter, specify make and model:			
Record calibration results:			
Complete chain-of-custody form, specifying analysis for VOC (EPA Method 8260), SVOC (EPA Method 8270), and metals including mercury (EPA Methods 6010 and 7471). Pack samples in ice for transport to Lab.			
Date samples sent to Lab:	<u>2-11-09 + 3/10/09</u>		
Laboratory Name:	<u>TEST AMERICA</u>		

VERIFICATION FORM FOR PIPING, PUMPS, VALVES, AND SMALL EQUIPMENT CLEAN RINSATE STANDARD

Equipment Information
HWMU/SWMU: <i>TRINK FARM A</i>

Analytical Results				
Analytical reports reviewed, data quality acceptable for project decisionmaking: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center; vertical-align: middle;"><i>ASHOK JAIN</i></td> <td style="width: 50%; border: none; text-align: center; vertical-align: middle;"><i>Ashok Jain</i></td> </tr> <tr> <td style="width: 50%; border: none; text-align: center;">Project QA Manager Name</td> <td style="width: 50%; border: none; text-align: center;">Project QA Manager Signature</td> </tr> </table>	<i>ASHOK JAIN</i>	<i>Ashok Jain</i>	Project QA Manager Name	Project QA Manager Signature
<i>ASHOK JAIN</i>	<i>Ashok Jain</i>			
Project QA Manager Name	Project QA Manager Signature			
Analytical data quality reviewed on (date): <i>3/23/09</i>				
Data quality issues identified: <i>QA/QC data is OK. VCC's</i>				

NOTES

See Romic Southwest Closure SOP Section 7 for guidance.

Verification Results		
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
<p>"Pass" indicates that the Project Superintendent has evaluated the analytical results from rinsate sampling and determined that there was no net increase in contaminants of concern in the final rinsate sample as compared to a beginning rinsate sample.</p>		
<p style="text-align: center;"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Repeat Decontamination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%; border: none;">Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Repeat Decontamination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Repeat Decontamination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none; vertical-align: top;">Project Superintendent Comments:</td> <td style="width: 60%; border: none; vertical-align: top;"> <i>FIRST RUN FAILURE - Repeat Decon and Testing.</i> </td> </tr> </table>	Project Superintendent Comments:	<i>FIRST RUN FAILURE - Repeat Decon and Testing.</i>
Project Superintendent Comments:	<i>FIRST RUN FAILURE - Repeat Decon and Testing.</i>	

Project Superintendent Certification	Project Manager Certification
<p>I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.</p>	<p>I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.</p>
<i>MIKE GIPSON</i>	<i>Matthew Dunn</i>
Project Superintendent Printed Name	Project Manager Printed Name
<i>Mike Gipson</i>	<i>Matthew Dunn</i>
Project Superintendent Signature	Project Manager Signature
<i>3/24/09</i>	<i>3/25/09</i>
Date	Date

CHECKLIST DECONTAMINATION OF PIPING, PUMPS, VALVES, AND OTHER SMALL EQUIPMENT

EQUIPMENT ID: Piping and Equipment DATE: 2-2-09
HWMU/SWMU ID: THINK FARM B

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
3.1	Decontamination pad was set up inside the existing West Bay process area.	Y
3.2	Equipment was monitored for vapors during disassembly. Gas meter reading: <u>< 100 ppm</u>	Y
3.2	If reading was greater than 10% LEL, equipment was vented or flushed out into a vacuum truck or directly to a holding tank until LEL falls below 10% LEL.	N/A
3.3	Piping requiring cold cutting was purged with nitrogen at 15 psig. A 4-gas monitor was used at a downstream access point and monitored continuously during cutting to ensure less than 10% LEL.	N/A
3.3	Plastic sheet drop barriers or metal wash racks were installed (if necessary).	Y
3.3	Rinse tank, washing equipment and supplies, water source and washwater collection points were available.	Y
3.3	Ingress/egress was limited to a single ramp on the west end of the process area.	Y
3.3	Emergency equipment and PPE decontamination stations were in place.	Y
3.4	Removable waste solids or sludge (if any) found during disassembly was removed and transferred to a DOT container and characterized for proper disposal.	Y
3.5	If needed, flushing irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	N/A
3.6	Pre-soaking was performed with washwater.	Y
3.7	Draining of piping was conducted at the lowest point drain or pumping out of the equipment piece. Any free liquids were allowed to drain into a container or tray.	Y
3.7	Starting at the highest point in the overhead piping system, piping sections were unbolted at flange connections with each disconnected end covered with 6 ml plastic and taped to prevent incidental internal material leakage or release.	Y
3.7	Piping and equipment were broken down into sections or components at flanges, unions, or disconnection points.	Y
3.7	Pumps and equipment having inaccessible interior spaces or voids were broken down such that all interior chambers and voids could be directly washed and rinsed.	Y
3.7	Piping and equipment were placed into the prepared decontamination area where plastic ends will be removed.	Y
3.7	Each pipe section was tilted on a temporary decon rack and external and internal surfaces were power washed. Equipment was positioned or broken down to allow for direct power washing and rinsing.	Y
3.7	The containment sump was pumped out continuously to prevent accumulation of spent washwater.	Y
3.7	Spent washwater was transferred to temporary tank storage.	Y
3.8	Each pipe section and equipment piece was submerged for at least 60 seconds in a rinse water tank filled with sufficient clean water to completely submerge all pieces.	Y
3.8	A rinsate sample number was taken, and a sample number assigned (Appendix C). The same number was assigned to the batch of decontaminated items.	Y
3.8	Spent rinsate was collected in a temporary storage tank.	Y
3.9	Verification of successful decontamination was conducted in accordance with Section 7.	Y

INSTRUCTIONS:

Equipment IDs and HWMUs are found in Table SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST DECONTAMINATION OF PIPING, PUMPS, VALVES, AND OTHER SMALL EQUIPMENT

EQUIPMENT ID: <u>PIPING + Equipment</u>	DATE: <u>2-2-09</u>
HWMU/SWMU ID: <u>TANK AREA B</u>	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	Project Superintendent Signature
Lead Technician Printed Name	Project Superintendent Printed Name
Date	Date
3/23/09	3/24/09

VERIFICATION FORM FOR PIPING, PUMPS, VALVES, AND SMALL EQUIPMENT CLEAN RINSATE STANDARD

Equipment Information			
HWMU/SWMU: <u>TANK FARM B</u>			
Piping	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Approx length	<u>5-10'</u>	Avg nominal diameter <u>2-3"</u>
Pumps	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> HDPE <input checked="" type="checkbox"/> Other: <u>Aluminum</u>		
	Description: <u>DIA PITRAN</u>		
Valves	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description: <u>RELIEF VALVE</u>		
Small Equipment	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description: <u>INSTRUMENT</u>		

SAMPLE COLLECTION			
If analytical results are <i>not</i> available for the beginning rinsate for a batch, collect two sets of rinsate samples; one set before rinsing and one set after rinsing. Both sets must consist of all the containers listed below. If analytical results are available for the beginning rinsate, only the final samples are required.			
Sample Date and Time: _____			
Samples:	3 x 40-ml VOA vials, no head space:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Two 1-liter amber glass bottles:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	One 1-liter HDPE bottle, nitric acid added to pH < 2:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Other, describe: _____		
Measure pH and record result:		Rinsate sample before rinsing: <u>8</u>	Final rinsate sample: <u>8</u>
Method used:		<input type="checkbox"/> pH meter <input checked="" type="checkbox"/> pH paper <input type="checkbox"/> Other: _____	
If pH meter, specify make and model:			
Record calibration results:			
Complete chain-of-custody form, specifying analysis for VOC (EPA Method 8260), SVOC (EPA Method 8270), and metals including mercury (EPA Methods 6010 and 7471). Pack samples in ice for transport to Lab.			
Date samples sent to Lab:		<u>2-10-09</u> + <u>3/11/09</u>	
Laboratory Name:		<u>TEST AMERICA</u>	

VERIFICATION FORM FOR PIPING, PUMPS, VALVES, AND SMALL EQUIPMENT CLEAN RINSATE STANDARD

Equipment Information
HWMU/SWMU: TANK FARM B

Analytical Results				
Analytical reports reviewed, data quality acceptable for project decisionmaking: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 10px;">ASHOK JMW</td> <td style="width: 50%; text-align: center; padding: 10px;">Ashok Jain</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Project QA Manager Name</td> <td style="text-align: center; padding: 5px;">Project QA Manager Signature</td> </tr> </table>	ASHOK JMW	Ashok Jain	Project QA Manager Name	Project QA Manager Signature
ASHOK JMW	Ashok Jain			
Project QA Manager Name	Project QA Manager Signature			
Analytical data quality reviewed on (date): 3/25/09				
Data quality issues identified: C-A/00 is OK. VOC'S				

NOTES

See Romic Southwest Closure SOP Section 7 for guidance.

Verification Results		
<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail		
<p>"Pass" indicates that the Project Superintendent has evaluated the analytical results from rinsate sampling and determined that there was no net increase in contaminants of concern in the final rinsate sample as compared to a beginning rinsate sample.</p>		
<p style="text-align: center;"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Repeat Decontamination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%;">Dispose as hazardous waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Repeat Decontamination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Repeat Decontamination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; padding: 5px;">Project Superintendent Comments:</td> <td style="padding: 5px;">Repeat Decon as before</td> </tr> </table>	Project Superintendent Comments:	Repeat Decon as before
Project Superintendent Comments:	Repeat Decon as before	

Project Superintendent Certification	Project Manager Certification
<p>I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.</p>	<p>I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.</p>
MIKE GIPSON	Matthew Dunn
Project Superintendent Printed Name	Project Manager Printed Name
Project Superintendent Signature	Project Manager Signature
3/24/09	3/25/09
Date	Date

CHECKLIST DECONTAMINATION OF PIPING, PUMPS, VALVES, AND OTHER SMALL EQUIPMENT

EQUIPMENT ID: PIPING AND EQUIPMENT

DATE: 2/11/09

HWMU/SWMU ID: TANK FARM C

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
3.1	Decontamination pad was set up inside the existing West Bay process area.	Y
3.2	Equipment was monitored for vapors during disassembly. Gas meter reading: <u>6</u>	Y
3.2	If reading was greater than 10% LEL, equipment was vented or flushed out into a vacuum truck or directly to a holding tank until LEL falls below 10% LEL.	N/A
3.3	Piping requiring cold cutting was purged with nitrogen at 15 psig. A 4-gas monitor was used at a downstream access point and monitored continuously during cutting to ensure less than 10% LEL.	N/A
3.3	Plastic sheet drop barriers or metal wash racks were installed (if necessary).	Y
3.3	Rinse tank, washing equipment and supplies, water source and washwater collection points were available.	Y
3.3	Ingress/egress was limited to a single ramp on the west end of the process area.	Y
3.3	Emergency equipment and PPE decontamination stations were in place.	Y
3.4	Removable waste solids or sludge (if any) found during disassembly was removed and transferred to a DOT container and characterized for proper disposal.	Y
3.5	If needed, flushing irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	N/A
3.6	Pre-soaking was performed with washwater.	Y
3.7	Draining of piping was conducted at the lowest point drain or pumping out of the equipment piece. Any free liquids were allowed to drain into a container or tray.	Y
3.7	Starting at the highest point in the overhead piping system, piping sections were unbolted at flange connections with each disconnected end covered with 6 mil plastic and taped to prevent incidental internal material leakage or release.	Y
3.7	Piping and equipment were broken down into sections or components at flanges, unions, or disconnection points.	Y
3.7	Pumps and equipment having inaccessible interior spaces or voids were broken down such that all interior chambers and voids could be directly washed and rinsed.	Y
3.7	Piping and equipment were placed into the prepared decontamination area where plastic ends will be removed.	Y
3.7	Each pipe section was tilted on a temporary decon rack and external and internal surfaces were power washed. Equipment was positioned or broken down to allow for direct power washing and rinsing.	Y
3.7	The containment sump was pumped out continuously to prevent accumulation of spent washwater.	Y
3.7	Spent washwater was transferred to temporary tank storage.	Y
3.8	Each pipe section and equipment piece was submerged for at least 60 seconds in a rinse water tank filled with sufficient clean water to completely submerge all pieces.	Y
3.8	A rinsate sample number was taken, and a sample number assigned (Appendix C). The same number was assigned to the batch of decontaminated items.	Y
3.8	Spent rinsate was collected in a temporary storage tank.	Y
3.9	Verification of successful decontamination was conducted in accordance with Section 7.	Y

INSTRUCTIONS:


Equipment IDs and HWMUs are found in Table SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST DECONTAMINATION OF PIPING, PUMPS, VALVES, AND OTHER SMALL EQUIPMENT

EQUIPMENT ID: <u>PIPING + EQUIPMENT</u>	DATE: <u>2/11/09</u>
HWMU/SWMU ID: <u>TANK FARM C</u>	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	 Project Superintendent Signature
Lead Technician Printed Name	<u>Mike B. P. S. A.</u> Project Superintendent Printed Name
<u>3/10/09</u> Date	<u>3/11/09</u> Date

VERIFICATION FORM FOR PIPING, PUMPS, VALVES, AND SMALL EQUIPMENT CLEAN RINSATE STANDARD

Equipment Information			
HWMU/SWMU: <u>TANK FARM C</u>			
Piping	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Approx length		Avg nominal diameter
Pumps	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: <u>Aluminum</u>		
	Description: <u>DIAPHRAGM</u>		
Valves	<input type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description:		
Small Equipment	<input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description: <u>MANIFOLD</u>		

SAMPLE COLLECTION			
If analytical results are <i>not</i> available for the beginning rinsate for a batch, collect two sets of rinsate samples; one set before rinsing and one set after rinsing. Both sets must consist of all the containers listed below. If analytical results are available for the beginning rinsate, only the final samples are required.			
Sample Date and Time:			
Samples:	3 x 40-ml VOA vials, no head space:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Two 1-liter amber glass bottles:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	One 1-liter HDPE bottle, nitric acid added to pH < 2:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other, describe:		
Measure pH and record result:	Rinsate sample before rinsing: <u>8</u>	Final rinsate sample: <u>8</u>	
Method used:	<input type="checkbox"/> pH meter <input checked="" type="checkbox"/> pH paper <input type="checkbox"/> Other: _____		
If pH meter, specify make and model:			
Record calibration results:			
Complete chain-of-custody form, specifying analysis for VOC (EPA Method 8260), SVOC (EPA Method 8270), and metals including mercury (EPA Methods 6010 and 7471). Pack samples in ice for transport to Lab.			
Date samples sent to Lab:	<u>TEST MURKIN</u>		
Laboratory Name:	<u>2-10-09 / 3-10-09</u>		

VERIFICATION FORM FOR PIPING, PUMPS, VALVES, AND SMALL EQUIPMENT CLEAN RINSATE STANDARD


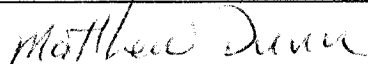
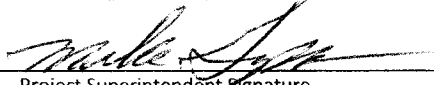

Equipment Information
HWMU/SWMU: <i>DMK FARM C</i>

Analytical Results				
Analytical reports reviewed, data quality acceptable for project decisionmaking: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; padding: 10px;"><i>ASHOK JAIN</i></td> <td style="width: 50%; text-align: center; padding: 10px;"><i>Ashok Jain</i></td> </tr> <tr> <td style="text-align: center; padding: 5px;">Project QA Manager Name</td> <td style="text-align: center; padding: 5px;">Project QA Manager Signature</td> </tr> </table>	<i>ASHOK JAIN</i>	<i>Ashok Jain</i>	Project QA Manager Name	Project QA Manager Signature
<i>ASHOK JAIN</i>	<i>Ashok Jain</i>			
Project QA Manager Name	Project QA Manager Signature			
Analytical data quality reviewed on (date): <i>3/12/09</i>				
Data quality issues identified: <i>ON/OC quality is acceptable.</i> <i>VOC's</i>				

NOTES

See Romic Southwest Closure SOP Section 7 for guidance.

Verification Results		
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
<p>"Pass" indicates that the Project Superintendent has evaluated the analytical results from rinsate sampling and determined that there was no net increase in contaminants of concern in the final rinsate sample as compared to a beginning rinsate sample.</p>		
<p style="text-align: center;"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Repeat Decontamination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%;">Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Repeat Decontamination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Repeat Decontamination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; padding: 5px;">Project Superintendent Comments:</td> <td style="padding: 5px;"><i>Repeat since some procedures</i></td> </tr> </table>	Project Superintendent Comments:	<i>Repeat since some procedures</i>
Project Superintendent Comments:	<i>Repeat since some procedures</i>	

Project Superintendent Certification	Project Manager Certification
<p>I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.</p>	<p>I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.</p>
 Project Superintendent Printed Name	 Project Manager Printed Name
 Project Superintendent Signature	 Project Manager Signature
<i>3/11/09</i> Date	<i>3/12/09</i> Date

CHECKLIST DECONTAMINATION OF PIPING, PUMPS, VALVES, AND OTHER SMALL EQUIPMENT

EQUIPMENT ID: PIPING + Equipment

DATE: 3/10/09

HWMU/SWMU ID: Tank Farm 1

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
3.1	Decontamination pad was set up inside the existing West Bay process area.	Y
3.2	Equipment was monitored for vapors during disassembly. Gas meter reading: <u>0</u>	Y
3.2	If reading was greater than 10% LEL, equipment was vented or flushed out into a vacuum truck or directly to a holding tank until LEL falls below 10% LEL.	N/A
3.3	Piping requiring cold cutting was purged with nitrogen at 15 psig. A 4-gas monitor was used at a downstream access point and monitored continuously during cutting to ensure less than 10% LEL.	N/A
3.3	Plastic sheet drop barriers or metal wash racks were installed (if necessary).	N/A
3.3	Rinse tank, washing equipment and supplies, water source and washwater collection points were available.	Y
3.3	Ingress/egress was limited to a single ramp on the west end of the process area.	Y
3.3	Emergency equipment and PPE decontamination stations were in place.	Y
3.4	Removable waste solids or sludge (if any) found during disassembly was removed and transferred to a DOT container and characterized for proper disposal.	Y
3.5	If needed, flushing irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: _____	N/A
3.6	Pre-soaking was performed with washwater.	N/A
3.7	Draining of piping was conducted at the lowest point drain or pumping out of the equipment piece. Any free liquids were allowed to drain into a container or tray.	Y
3.7	Starting at the highest point in the overhead piping system, piping sections were unbolted at flange connections with each disconnected end covered with 6 ml plastic and taped to prevent incidental internal material leakage or release.	Y
3.7	Piping and equipment were broken down into sections or components at flanges, unions, or disconnection points.	Y
3.7	Pumps and equipment having inaccessible interior spaces or voids were broken down such that all interior chambers and voids could be directly washed and rinsed.	Y
3.7	Piping and equipment were placed into the prepared decontamination area where plastic ends will be removed.	N/A/Disposal
3.7	Each pipe section was tilted on a temporary decon rack and external and internal surfaces were power washed. Equipment was positioned or broken down to allow for direct power washing and rinsing.	↓
3.7	The containment sump was pumped out continuously to prevent accumulation of spent washwater.	
3.7	Spent washwater was transferred to temporary tank storage.	
3.8	Each pipe section and equipment piece was submerged for at least 60 seconds in a rinse water tank filled with sufficient clean water to completely submerge all pieces.	
3.8	A rinsate sample number was taken, and a sample number assigned (Appendix C). The same number was assigned to the batch of decontaminated items.	↓
3.8	Spent rinsate was collected in a temporary storage tank.	
3.9	Verification of successful decontamination was conducted in accordance with Section 7.	

INSTRUCTIONS:


Equipment IDs and HWMUs are found in Table SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

pumps only

CHECKLIST DECONTAMINATION OF PIPING, PUMPS, VALVES, AND OTHER SMALL EQUIPMENT

EQUIPMENT ID: _____	DATE: <u>3/10/09</u>
HWMU/SWMU ID: _____	

SOP SECT. #	COMMENTS
3.1	2 pumps (Aluminum) Decont.
	All PIPING (PVC) disposed of

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	MIKE GIBSON
Lead Technician Printed Name	Project Superintendent Printed Name
<u>3/11/09</u> Date	<u>3/24/09</u> Date

VERIFICATION FORM FOR PIPING, PUMPS, VALVES, AND SMALL EQUIPMENT CLEAN RINSATE STANDARD

Equipment Information			
HWMU/SWMU: TANK FARM D PUMPS			
Piping	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Approx length		Avg nominal diameter
Pumps	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> HDPE <input checked="" type="checkbox"/> Other: <u>ALUMINUM</u>		
	Description: <u>DIAHRM</u>		
Valves	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description:		
Small Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description:		

SAMPLE COLLECTION			
If analytical results are <i>not</i> available for the beginning rinsate for a batch, collect two sets of rinsate samples; one set before rinsing and one set after rinsing. Both sets must consist of all the containers listed below. If analytical results are available for the beginning rinsate, only the final samples are required.			
Sample Date and Time:			
Samples:	3 x 40-ml VOA vials, no head space:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Two 1-liter amber glass bottles:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	One 1-liter HDPE bottle, nitric acid added to pH < 2:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other, describe:		
Measure pH and record result:	Rinsate sample before rinsing: <u>8</u>	Final rinsate sample: <u>8</u>	
Method used:	<input type="checkbox"/> pH meter <input checked="" type="checkbox"/> pH paper <input type="checkbox"/> Other: _____		
If pH meter, specify make and model:			
Record calibration results:			
Complete chain-of-custody form, specifying analysis for VOC (EPA Method 8260), SVOC (EPA Method 8270), and metals including mercury (EPA Methods 6010 and 7471). Pack samples in ice for transport to Lab.			
Date samples sent to Lab:	<u>3/11/09</u>		
Laboratory Name:	<u>TEST AMERICA</u>		

VERIFICATION FORM FOR PIPING, PUMPS, VALVES, AND SMALL EQUIPMENT CLEAN RINSATE STANDARD

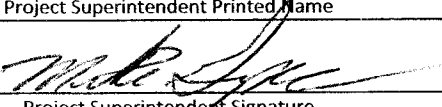

Equipment Information	
HWMU/SWMU: <i>TANK FARM D</i>	<i>PUMPS</i>

Analytical Results	
Analytical reports reviewed, data quality acceptable for project decisionmaking: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>ASHOK JAIN</i>	<i>Ashok Jain</i>
Project QA Manager Name	Project QA Manager Signature
Analytical data quality reviewed on (date): <i>3/25/09</i>	
Data quality issues identified: <i>Cal/cc is OK & acceptable</i> <i>TESTING FERTILIZER</i>	

NOTES

See Romic Southwest Closure SOP Section 7 for guidance.

Verification Results	
<input checked="" type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	
<p>"Pass" indicates that the Project Superintendent has evaluated the analytical results from rinsate sampling and determined that there was no net increase in contaminants of concern in the final rinsate sample as compared to a beginning rinsate sample.</p>	
<i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
<i>MIKE GIPSON</i>	<i>Matthew Duvon</i>
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
<i>3/24/09</i>	<i>3/25/09</i>
Date	Date

CHECKLIST DECONTAMINATION OF PIPING, PUMPS, VALVES, AND OTHER SMALL EQUIPMENT

EQUIPMENT ID: Piping + Equipment

DATE: 2/18/09

HWMU/SWMU ID: Bondage

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
3.1	Decontamination pad was set up inside the existing West Bay process area.	Y
3.2	Equipment was monitored for vapors during disassembly. Gas meter reading: <u>✓</u>	Y
3.2	If reading was greater than 10% LEL, equipment was vented or flushed out into a vacuum truck or directly to a holding tank until LEL falls below 10% LEL.	N/A
3.3	Piping requiring cold cutting was purged with nitrogen at 15 psig. A 4-gas monitor was used at a downstream access point and monitored continuously during cutting to ensure less than 10% LEL.	NA
3.3	Plastic sheet drop barriers or metal wash racks were installed (if necessary).	Y
3.3	Rinse tank, washing equipment and supplies, water source and washwater collection points were available.	Y
3.3	Ingress/egress was limited to a single ramp on the west end of the process area.	Y
3.3	Emergency equipment and PPE decontamination stations were in place.	Y
3.4	Removable waste solids or sludge (if any) found during disassembly was removed and transferred to a DOT container and characterized for proper disposal.	Y
3.5	If needed, flushing irregular internal surfaces was performed with washwater or a sodium hydroxide solution. Solution used: <u> </u>	NA
3.6	Pre-soaking was performed with washwater.	Y
3.7	Draining of piping was conducted at the lowest point drain or pumping out of the equipment piece. Any free liquids were allowed to drain into a container or tray.	Y
3.7	Starting at the highest point in the overhead piping system, piping sections were unbolted at flange connections with each disconnected end covered with 6 ml plastic and taped to prevent incidental internal material leakage or release.	Y
3.7	Piping and equipment were broken down into sections or components at flanges, unions, or disconnection points.	Y
3.7	Pumps and equipment having inaccessible interior spaces or voids were broken down such that all interior chambers and voids could be directly washed and rinsed.	Y
3.7	Piping and equipment were placed into the prepared decontamination area where plastic ends will be removed.	Y
3.7	Each pipe section was tilted on a temporary decon rack and external and internal surfaces were power washed. Equipment was positioned or broken down to allow for direct power washing and rinsing.	Y
3.7	The containment sump was pumped out continuously to prevent accumulation of spent washwater.	Y
3.7	Spent washwater was transferred to temporary tank storage.	Y
3.8	Each pipe section and equipment piece was submerged for at least 60 seconds in a rinse water tank filled with sufficient clean water to completely submerge all pieces.	Y
3.8	A rinsate sample number was taken, and a sample number assigned (Appendix C). The same number was assigned to the batch of decontaminated items.	Y
3.8	Spent rinsate was collected in a temporary storage tank.	Y
3.9	Verification of successful decontamination was conducted in accordance with Section 7.	Y

INSTRUCTIONS:

Equipment IDs and HWMUs are found in Table SOP Appendix A (Inventory of Units and Equipment).

Note any comments on the back of this form and reference the SOP Section #.

CHECKLIST
DECONTAMINATION OF PIPING, PUMPS, VALVES, AND OTHER SMALL EQUIPMENT

EQUIPMENT ID: <u>PIPING AND PNL</u>	DATE: <u>2/18/09</u>
HWMU/SWMU ID: <u>" "</u>	

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	Project Superintendent Signature
Lead Technician Printed Name	Project Superintendent Printed Name
Date	Date

VERIFICATION FORM FOR PIPING, PUMPS, VALVES, AND SMALL EQUIPMENT CLEAN RINSATE STANDARD

Equipment Information			
HWMU/SWMU: <u>PIPE BRIDGE AND RAIL</u>			
Piping	<input checked="" type="checkbox"/> Carbon Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Approx length	<u>5-10'</u>	Avg nominal diameter <u>2-3"</u>
Pumps	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description:		
Valves	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description:		
Small Equipment	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> HDPE <input type="checkbox"/> Other: _____		
	Description:		

SAMPLE COLLECTION			
If analytical results are <i>not</i> available for the beginning rinsate for a batch, collect two sets of rinsate samples; one set before rinsing and one set after rinsing. Both sets must consist of all the containers listed below. If analytical results are available for the beginning rinsate, only the final samples are required.			
Sample Date and Time:			
Samples:	3 x 40-ml VOA vials, no head space:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Two 1-liter amber glass bottles:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	One 1-liter HDPE bottle, nitric acid added to pH < 2:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other, describe:		
Measure pH and record result:	Rinsate sample before rinsing: <u>8</u>	Final rinsate sample: <u>8</u>	
Method used:	<input type="checkbox"/> pH meter <input checked="" type="checkbox"/> pH paper <input type="checkbox"/> Other: _____		
If pH meter, specify make and model:			
Record calibration results:			
Complete chain-of-custody form, specifying analysis for VOC (EPA Method 8260), SVOC (EPA Method 8270), and metals including mercury (EPA Methods 6010 and 7471). Pack samples in ice for transport to Lab.			
Date samples sent to Lab:	<u>2/18/09 + 3/12/09</u>		
Laboratory Name:	<u>TEST AMERICA</u>		

VERIFICATION FORM FOR PIPING, PUMPS, VALVES, AND SMALL EQUIPMENT CLEAN RINSATE STANDARD

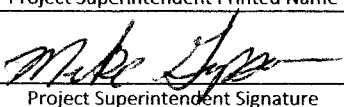
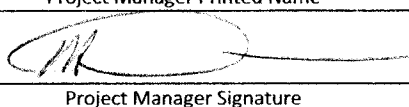
Equipment Information	
HWMU/SWMU:	PIPE BRIDGE MD RAIL

Analytical Results	
Analytical reports reviewed, data quality acceptable for project decisionmaking: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ASHOK JAIN	Ashok Jain
Project QA Manager Name	Project QA Manager Signature
Analytical data quality reviewed on (date): 3/27/09	
Data quality issues identified: OAI/OE is acceptable	

NOTES

See Romic Southwest Closure SOP Section 7 for guidance.

Verification Results	
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
"Pass" indicates that the Project Superintendent has evaluated the analytical results from rinsate sampling and determined that there was no net increase in contaminants of concern in the final rinsate sample as compared to a beginning rinsate sample.	
<i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
MIKE CARSON	Matthew Dinn
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/26/09	3/27/09
Date	Date

CHECKLIST DECONTAMINATION OF CONCRETE STRUCTURES

HWMU/SWMU: DINK FARM A PAD

DATE: 3/10/09

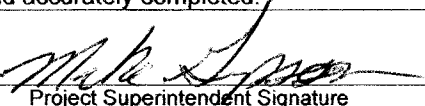
SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
4.1	A visual inspection of concrete surfaces to include sumps, floors, walls and berms was made to ascertain the safest and most effective decontamination approach.	Y
4.1	Concrete surfaces and epoxy coatings were inspected for cracks, gaps, peeling, bubbles, or other major structural defects prior to decontamination to determine potential subsurface soil sampling locations.	Y
4.1	Any cracks that were observed to extend through the entire thickness of the concrete slab were sealed using non-toxic caulking.	N/A
4.1	Gradients and slope were considered when determining where to allow washwater to flow for collection.	Y
4.2	Metallic or non porous items that would interfere with decontamination were disassembled. They were either placed into containers for decontamination as miscellaneous equipment or disposed as hazardous waste.	Y
4.2	For concrete pads where curbing is not present, a temporary water proof berming material was installed.	N/A
4.2	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
4.2	Washing equipment and supplies, water sources and washwater collection points were available.	Y
4.2	Ingress and egress were limited to a single retaining wall stair well or ladder.	Y
4.2	Emergency equipment and PPE decontamination stations were in place.	Y
4.2	Transfer and containment of spent washwater were in place.	Y
4.3	All debris and loose dirt were swept up and placed into containers for disposal as hazardous waste.	Y
4.4	If needed, heavily stained or discolored concrete surfaces were pre-soaked with washwater or a sodium hydroxide solution. (Should staining or contamination persist after pressure washing then impacted concrete sections will be subject to the procedures in Section 5). Solution used: _____	N/A
4.5	Surfaces were pressure washed. Decontamination work was performed evenly on surfaces starting from the highest contours. Blank or blind sumps were power washed.	Y
4.5	Sumps and collection points were continuously pumped. Spent washwater was transferred to temporary storage tank.	Y
4.6	A single rinse with clean water was applied evenly on surfaces starting from the highest contours working down to sumps.	Y
4.6	Spent rinseate was collected into a temporary storage tank.	Y
4.7	Verification of successful decontamination was conducted in accordance with Section 8.	Y

HWMUs (Hazardous Waste Management Unit) are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

**CHECKLIST
DECONTAMINATION OF CONCRETE STRUCTURES
(Reverse)**

HWMU/SWMU: <u>TANK FROM A PAD</u>	DATE: <u>3/10/09</u>
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SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	MIKE GIBSON
Lead Technician Printed Name	Project Superintendent Printed Name
<u>3/11/09</u> Date	<u>3/12/09</u> Date

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

UNIT IDENTIFICATION			
HWMU/SWMU Name:	TANK FARM A PAD		
Floor Surface Area:	1200 Sq. ft.	Wall Surface Area:	70 Sq. ft.
Minimum number of 1-square foot close examination locations (at least three locations or one per 500 sq ft, whichever is greater)			5 + 1

FIRST THREE LOCATIONS AND GENERAL AREA			
Location 1:	Bottom of blind sump (specify location): CENTER		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #2:	T105		
Note: If the subject unit is a tank farm, this location must be beneath a tank or previous location of a tank.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #3:	SOUTH TANK QUAD		
Note: if the subject unit is a tank farm, this location must be on an inside wall within one (1) foot of the floor.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Areas	ALL		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ADDITIONAL LOCATIONS, if necessary; attach additional sheets as required			
Identify Location # and describe:	BENEATH THIN FILM SOUTH CENTER		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Identify Location # and describe:	WEST CENTER		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remaining Interior Surfaces			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**VERIFICATION FORM FOR CONCRETE
CLEAN DEBRIS SURFACE STANDARD**

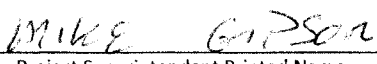
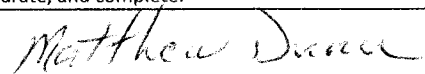
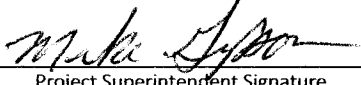
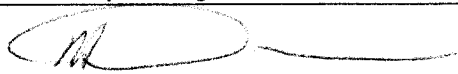
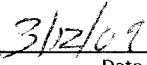
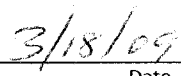
Unit Identification	
HWMU/SWMU Name:	TANK FARM A PAD

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 8 for guidance. Attach unit diagram or sketch.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p align="center"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cut out and dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
 Project Superintendent Printed Name	 Project Manager Printed Name
 Project Superintendent Signature	 Project Manager Signature
 Date	 Date

CHECKLIST DECONTAMINATION OF CONCRETE STRUCTURES

HWMU/SWMU: 7/11K PARM 3 PHS

DATE: 3/3/09


SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
4.1	A visual inspection of concrete surfaces to include sumps, floors, walls and berms was made to ascertain the safest and most effective decontamination approach.	Y
4.1	Concrete surfaces and epoxy coatings were inspected for cracks, gaps, peeling, bubbles, or other major structural defects prior to decontamination to determine potential subsurface soil sampling locations.	Y
4.1	Any cracks that were observed to extend through the entire thickness of the concrete slab were sealed using non-toxic caulking.	NA
4.1	Gradients and slope were considered when determining where to allow washwater to flow for collection.	Y
4.2	Metallic or non porous items that would interfere with decontamination were disassembled. They were either placed into containers for decontamination as miscellaneous equipment or disposed as hazardous waste.	Y
4.2	For concrete pads where curbing is not present, a temporary water proof berming material was installed.	NA
4.2	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
4.2	Washing equipment and supplies, water sources and washwater collection points were available.	Y
4.2	Ingress and egress were limited to a single retaining wall stair well or ladder.	Y
4.2	Emergency equipment and PPE decontamination stations were in place.	Y
4.2	Transfer and containment of spent washwater were in place.	Y
4.3	All debris and loose dirt were swept up and placed into containers for disposal as hazardous waste.	Y
4.4	If needed, heavily stained or discolored concrete surfaces were pre-soaked with washwater or a sodium hydroxide solution. (Should staining or contamination persist after pressure washing then impacted concrete sections will be subject to the procedures in Section 5). Solution used: _____	NA
4.5	Surfaces were pressure washed. Decontamination work was performed evenly on surfaces starting from the highest contours. Blank or blind sumps were power washed.	Y
4.5	Sumps and collection points were continuously pumped. Spent washwater was transferred to temporary storage tank.	Y
4.6	A single rinse with clean water was applied evenly on surfaces starting from the highest contours working down to sumps.	Y
4.6	Spent rinseate was collected into a temporary storage tank.	Y
4.7	Verification of successful decontamination was conducted in accordance with Section 8.	Y

HWMUs (Hazardous Waste Management Unit) are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

**CHECKLIST
DECONTAMINATION OF CONCRETE STRUCTURES
(Reverse)**

HWMU/SWMU: TANK EMERGENCY B. PAD DATE: _____

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
 Lead Technician Signature	  Project Superintendent Signature
 Lead Technician Printed Name	 <u>MIKE C. BROWN</u> Project Superintendent Printed Name
 <u>3/5/09</u> Date	 <u>3/9/09</u> Date

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

UNIT IDENTIFICATION			
HWMU/SWMU Name:	TANK FARM B PAD		
Floor Surface Area:	30 x 40 = 1200 Sq. ft.	Wall Surface Area:	6 m Beam = 70 Sq. ft.
Minimum number of 1-square foot close examination locations (at least three locations or one per 500 sq ft, whichever is greater)			3 + 1

FIRST THREE LOCATIONS AND GENERAL AREA			
Location 1:	Bottom of blind sump (specify location): NORTH CENTRAL		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location #2:	D12 FALSE BOTTOM PAD		
Note: If the subject unit is a tank farm, this location must be beneath a tank or previous location of a tank.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location #3:	SOUTHEAST CORNER		
Note: if the subject unit is a tank farm, this location must be on an inside wall within one (1) foot of the floor.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Areas	SOUTH EAST BEAM		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ADDITIONAL LOCATIONS, if necessary; attach additional sheets as required			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Interior Surfaces			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

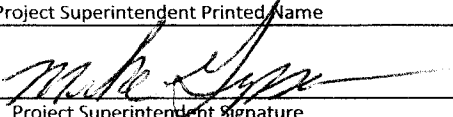
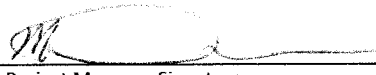
Unit Identification	
HWMU/SWMU Name:	TANK FARM B

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 8 for guidance. Attach unit diagram or sketch.

Verification Results	
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cut out and dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
MIKE GIBSON <small>Project Superintendent Printed Name</small>	Matthew Jones <small>Project Manager Printed Name</small>
 <small>Project Superintendent Signature</small>	 <small>Project Manager Signature</small>
3/19/09 <small>Date</small>	3/18/09 <small>Date</small>

CHECKLIST DECONTAMINATION OF CONCRETE STRUCTURES

HWMU/SWMU: DANK FARM C1

DATE: 3/3/09

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
4.1	A visual inspection of concrete surfaces to include sumps, floors, walls and berms was made to ascertain the safest and most effective decontamination approach.	Y
4.1	Concrete surfaces and epoxy coatings were inspected for cracks, gaps, peeling, bubbles, or other major structural defects prior to decontamination to determine potential subsurface soil sampling locations.	Y
4.1	Any cracks that were observed to extend through the entire thickness of the concrete slab were sealed using non-toxic caulking.	N/A
4.1	Gradients and slope were considered when determining where to allow washwater to flow for collection.	Y
4.2	Metallic or non porous items that would interfere with decontamination were disassembled. They were either placed into containers for decontamination as miscellaneous equipment or disposed as hazardous waste.	Y
4.2	For concrete pads where curbing is not present, a temporary water proof berming material was installed.	N/A
4.2	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
4.2	Washing equipment and supplies, water sources and washwater collection points were available.	Y
4.2	Ingress and egress were limited to a single retaining wall stair well or ladder.	Y
4.2	Emergency equipment and PPE decontamination stations were in place.	Y
4.2	Transfer and containment of spent washwater were in place.	Y
4.3	All debris and loose dirt were swept up and placed into containers for disposal as hazardous waste.	Y
4.4	If needed, heavily stained or discolored concrete surfaces were pre-soaked with washwater or a sodium hydroxide solution. (Should staining or contamination persist after pressure washing then impacted concrete sections will be subject to the procedures in Section 5). Solution used: _____	N/A
4.5	Surfaces were pressure washed. Decontamination work was performed evenly on surfaces starting from the highest contours. Blank or blind sumps were power washed.	Y
4.5	Sumps and collection points were continuously pumped. Spent washwater was transferred to temporary storage tank.	Y
4.6	A single rinse with clean water was applied evenly on surfaces starting from the highest contours working down to sumps.	Y
4.6	Spent rinseate was collected into a temporary storage tank.	Y
4.7	Verification of successful decontamination was conducted in accordance with Section 8.	Y


HWMUs (Hazardous Waste Management Unit) are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

**CHECKLIST
DECONTAMINATION OF CONCRETE STRUCTURES
(Reverse)**

HWMU/SWMU: DANK FARM CI

DATE: 3/3/09

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
 Lead Technician Signature	  Project Superintendent Signature
 Lead Technician Printed Name	 MIKE GIDSON Project Superintendent Printed Name
 3/5/09 Date	 3/11/09 Date

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

UNIT IDENTIFICATION			
HWMU/SWMU Name:	TANK FARM C1 PAD		
Floor Surface Area:	1520 Sq. ft.	Wall Surface Area:	340 Sq. ft.
Minimum number of 1-square foot close examination locations (at least three locations or one per 500 sq ft, whichever is greater)			411

FIRST THREE LOCATIONS AND GENERAL AREA			
Location 1:	Bottom of blind sump (specify location): CENTER MIDDLE		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location #2:	ROOM 7124 PAD		
Note: If the subject unit is a tank farm, this location must be beneath a tank or previous location of a tank.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location #3:	CENTER SOUTH WALL		
Note: if the subject unit is a tank farm, this location must be on an inside wall within one (1) foot of the floor.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Areas	ALL		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ADDITIONAL LOCATIONS, if necessary; attach additional sheets as required			
Identify Location # and describe:	NORTH EAST QUAD		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Interior Surfaces			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

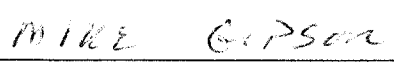
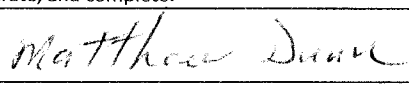

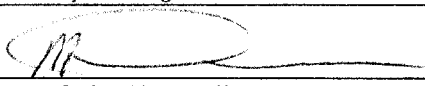
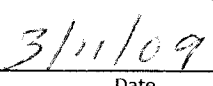
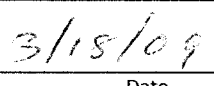
Unit Identification	
HWMU/SWMU Name:	TANK FIRM C1 P10

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 8 for guidance. Attach unit diagram or sketch.

Verification Results	
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cut out and dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
	
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
	
Date	Date

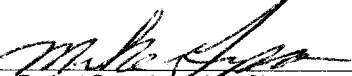
CHECKLIST DECONTAMINATION OF CONCRETE STRUCTURES

HWMU/SWMU: TANK FARM C2 DATE: 3/10/09

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
4.1	A visual inspection of concrete surfaces to include sumps, floors, walls and berms was made to ascertain the safest and most effective decontamination approach.	Y
4.1	Concrete surfaces and epoxy coatings were inspected for cracks, gaps, peeling, bubbles, or other major structural defects prior to decontamination to determine potential subsurface soil sampling locations.	Y
4.1	Any cracks that were observed to extend through the entire thickness of the concrete slab were sealed using non-toxic caulking.	N/A
4.1	Gradients and slope were considered when determining where to allow washwater to flow for collection.	Y
4.2	Metallic or non porous items that would interfere with decontamination were disassembled. They were either placed into containers for decontamination as miscellaneous equipment or disposed as hazardous waste.	Y
4.2	For concrete pads where curbing is not present, a temporary water proof berming material was installed.	N/A
4.2	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
4.2	Washing equipment and supplies, water sources and washwater collection points were available.	Y
4.2	Ingress and egress were limited to a single retaining wall stair well or ladder.	Y
4.2	Emergency equipment and PPE decontamination stations were in place.	Y
4.2	Transfer and containment of spent washwater were in place.	Y
4.3	All debris and loose dirt were swept up and placed into containers for disposal as hazardous waste.	Y
4.4	If needed, heavily stained or discolored concrete surfaces were pre-soaked with washwater or a sodium hydroxide solution. (Should staining or contamination persist after pressure washing then impacted concrete sections will be subject to the procedures in Section 5). Solution used: _____	N/A
4.5	Surfaces were pressure washed. Decontamination work was performed evenly on surfaces starting from the highest contours. Blank or blind sumps were power washed.	Y
4.5	Sumps and collection points were continuously pumped. Spent washwater was transferred to temporary storage tank.	Y
4.6	A single rinse with clean water was applied evenly on surfaces starting from the highest contours working down to sumps.	Y
4.6	Spent rinseate was collected into a temporary storage tank.	Y
4.7	Verification of successful decontamination was conducted in accordance with Section 8.	Y

HWMUs (Hazardous Waste Management Unit) are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

HWMU/SWMU: TRAIL FROM C2 DATE: 3/10/09

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	 Project Superintendent Signature
Lead Technician Printed Name	MIKE GIPSEN Project Superintendent Printed Name
3/11/09 Date	3/11/09 Date

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

UNIT IDENTIFICATION			
HWMU/SWMU Name:	TANK FARM C2		
Floor Surface Area:	1520 Sq. ft.	Wall Surface Area:	340 Sq. ft.
Minimum number of 1-square foot close examination locations (at least three locations or one per 500 sq ft, whichever is greater)			4/1

FIRST THREE LOCATIONS AND GENERAL AREA			
Location 1:	Bottom of blind sump (specify location): CENTER		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #2:	RAMP ENTRANCE		
Note: If the subject unit is a tank farm, this location must be beneath a tank or previous location of a tank.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #3:	EAST CENTER WALL		
Note: if the subject unit is a tank farm, this location must be on an inside wall within one (1) foot of the floor.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Areas			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ADDITIONAL LOCATIONS, if necessary; attach additional sheets as required			
Identify Location # and describe:	NORTH EAST QUAD		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remaining Interior Surfaces			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD


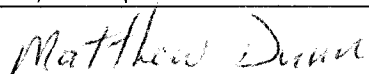

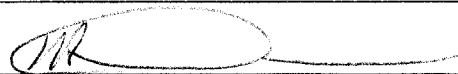
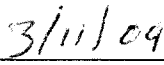
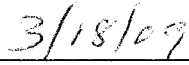
Unit Identification	
HWMU/SWMU Name:	TANK Farm C-2

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 8 for guidance. Attach unit diagram or sketch.

Verification Results	
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
<p><small>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</small></p>	
<i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cut out and dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
<p><small>I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.</small></p>	<p><small>I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.</small></p>
	
<small>Project Superintendent Printed Name</small>	<small>Project Manager Printed Name</small>
	
<small>Project Superintendent Signature</small>	<small>Project Manager Signature</small>
	
<small>Date</small>	<small>Date</small>

CHECKLIST DECONTAMINATION OF CONCRETE STRUCTURES


HWMU/SWMU: Trunk Farm DI PAD DATE: 3/12/09

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
4.1	A visual inspection of concrete surfaces to include sumps, floors, walls and berms was made to ascertain the safest and most effective decontamination approach.	Y
4.1	Concrete surfaces and epoxy coatings were inspected for cracks, gaps, peeling, bubbles, or other major structural defects prior to decontamination to determine potential subsurface soil sampling locations.	Y
4.1	Any cracks that were observed to extend through the entire thickness of the concrete slab were sealed using non-toxic caulking.	NA
4.1	Gradients and slope were considered when determining where to allow washwater to flow for collection.	Y
4.2	Metallic or non porous items that would interfere with decontamination were disassembled. They were either placed into containers for decontamination as miscellaneous equipment or disposed as hazardous waste.	Y
4.2	For concrete pads where curbing is not present, a temporary water proof berming material was installed.	NA
4.2	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
4.2	Washing equipment and supplies, water sources and washwater collection points were available.	Y
4.2	Ingress and egress were limited to a single retaining wall stair well or ladder.	Y
4.2	Emergency equipment and PPE decontamination stations were in place.	Y
4.2	Transfer and containment of spent washwater were in place.	Y
4.3	All debris and loose dirt were swept up and placed into containers for disposal as hazardous waste.	Y
4.4	If needed, heavily stained or discolored concrete surfaces were pre-soaked with washwater or a sodium hydroxide solution. (Should staining or contamination persist after pressure washing then impacted concrete sections will be subject to the procedures in Section 5). Solution used: _____	NA
4.5	Surfaces were pressure washed. Decontamination work was performed evenly on surfaces starting from the highest contours. Blank or blind sumps were power washed.	Y
4.5	Sumps and collection points were continuously pumped. Spent washwater was transferred to temporary storage tank.	Y
4.6	A single rinse with clean water was applied evenly on surfaces starting from the highest contours working down to sumps.	Y
4.6	Spent rinseate was collected into a temporary storage tank.	Y
4.7	Verification of successful decontamination was conducted in accordance with Section 8.	Y

HWMUs (Hazardous Waste Management Unit) are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

HWMU/SWMU: Tank Farm 51 DATE: 3/12/09

[illegible]

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	 Project Superintendent Signature
Lead Technician Printed Name	MIKE GIBSON Project Superintendent Printed Name
3/12/09 Date	3/12/09 Date

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

UNIT IDENTIFICATION			
HWMU/SWMU Name:	TANK FARM DI PAD		
Floor Surface Area:	1520 Sq. ft.	Wall Surface Area:	340 Sq. ft.
Minimum number of 1-square foot close examination locations (at least three locations or one per 500 sq ft, whichever is greater)			4+1

FIRST THREE LOCATIONS AND GENERAL AREA			
Location 1:	Bottom of blind sump (specify location): CENTER		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #2:	FIBZ		
Note: If the subject unit is a tank farm, this location must be beneath a tank or previous location of a tank.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #3:	SOUTH CENTER		
Note: if the subject unit is a tank farm, this location must be on an inside wall within one (1) foot of the floor.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Areas: ALL			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ADDITIONAL LOCATIONS, if necessary; attach additional sheets as required			
Identify Location # and describe:	PUMP STATION		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remaining Interior Surfaces			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

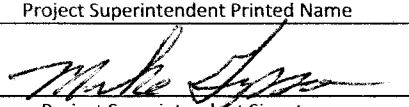
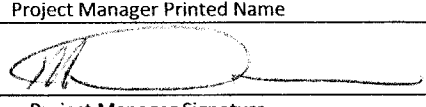
Unit Identification	
HWMU/SWMU Name:	TANK FARM DC

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 8 for guidance. Attach unit diagram or sketch.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p align="center"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cut out and dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
MIKE EIPSON	Matthew Dunn
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/12/09	3/18/09
Date	Date

CHECKLIST DECONTAMINATION OF CONCRETE STRUCTURES

HWMU/SWMU: Dink Item D2 PAD DATE: 3/12/09

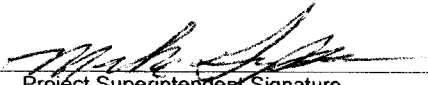
SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
4.1	A visual inspection of concrete surfaces to include sumps, floors, walls and berms was made to ascertain the safest and most effective decontamination approach.	Y
4.1	Concrete surfaces and epoxy coatings were inspected for cracks, gaps, peeling, bubbles, or other major structural defects prior to decontamination to determine potential subsurface soil sampling locations.	Y
4.1	Any cracks that were observed to extend through the entire thickness of the concrete slab were sealed using non-toxic caulking.	N/A
4.1	Gradients and slope were considered when determining where to allow washwater to flow for collection.	Y
4.2	Metallic or non porous items that would interfere with decontamination were disassembled. They were either placed into containers for decontamination as miscellaneous equipment or disposed as hazardous waste.	Y
4.2	For concrete pads where curbing is not present, a temporary water proof berming material was installed.	N/A
4.2	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
4.2	Washing equipment and supplies, water sources and washwater collection points were available.	Y
4.2	Ingress and egress were limited to a single retaining wall stair well or ladder.	Y
4.2	Emergency equipment and PPE decontamination stations were in place.	Y
4.2	Transfer and containment of spent washwater were in place.	Y
4.3	All debris and loose dirt were swept up and placed into containers for disposal as hazardous waste.	Y
4.4	If needed, heavily stained or discolored concrete surfaces were pre-soaked with washwater or a sodium hydroxide solution. (Should staining or contamination persist after pressure washing then impacted concrete sections will be subject to the procedures in Section 5). Solution used: _____	N/A
4.5	Surfaces were pressure washed. Decontamination work was performed evenly on surfaces starting from the highest contours. Blank or blind sumps were power washed.	Y
4.5	Sumps and collection points were continuously pumped. Spent washwater was transferred to temporary storage tank.	Y
4.6	A single rinse with clean water was applied evenly on surfaces starting from the highest contours working down to sumps.	Y
4.6	Spent rinseate was collected into a temporary storage tank.	Y
4.7	Verification of successful decontamination was conducted in accordance with Section 8.	Y

HWMUs (Hazardous Waste Management Unit) are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

**CHECKLIST
DECONTAMINATION OF CONCRETE STRUCTURES
(Reverse)**

HWMU/SWMU: DMK FARM D2 PAS DATE: 3/12/09

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
 Lead Technician Signature	  Project Superintendent Signature
 Lead Technician Printed Name	 <u>MIKE GIBSON</u> Project Superintendent Printed Name
 <u>3/12/09</u> Date	 <u>3/12/09</u> Date

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

UNIT IDENTIFICATION			
HWMU/SWMU Name:	TANK FARM D2 P45		
Floor Surface Area:	1520 Sq. ft.	Wall Surface Area:	340 Sq. ft.
Minimum number of 1-square foot close examination locations (at least three locations or one per 500 sq ft, whichever is greater)			9+1

FIRST THREE LOCATIONS AND GENERAL AREA			
Location 1:	Bottom of blind sump (specify location): CENTER		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location #2:	NORTH WEST QUAD		
Note: If the subject unit is a tank farm, this location must be beneath a tank or previous location of a tank.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location #3:	NORTH CENTER WALL		
Note: if the subject unit is a tank farm, this location must be on an inside wall within one (1) foot of the floor.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Areas	ALL		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ADDITIONAL LOCATIONS, if necessary; attach additional sheets as required			
Identify Location # and describe:	RAMP ENTRANCE		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Interior Surfaces			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

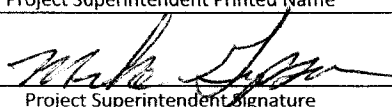
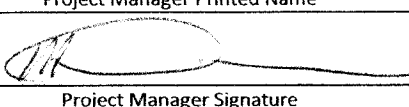
Unit Identification	
HWMU/SWMU Name:	TANK FARM D2

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 8 for guidance. Attach unit diagram or sketch.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p align="center"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cut out and dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
MIKE GIPSON	Matthew Darr
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/12/09	3/18/09
Date	Date

CHECKLIST DECONTAMINATION OF CONCRETE STRUCTURES


HWMU/SWMU: VAC Port / Thin Film ^{PAD} DATE: 3/6/09

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
4.1	A visual inspection of concrete surfaces to include sumps, floors, walls and berms was made to ascertain the safest and most effective decontamination approach.	Y
4.1	Concrete surfaces and epoxy coatings were inspected for cracks, gaps, peeling, bubbles, or other major structural defects prior to decontamination to determine potential subsurface soil sampling locations.	Y
4.1	Any cracks that were observed to extend through the entire thickness of the concrete slab were sealed using non-toxic caulking.	NA
4.1	Gradients and slope were considered when determining where to allow washwater to flow for collection.	Y
4.2	Metallic or non porous items that would interfere with decontamination were disassembled. They were either placed into containers for decontamination as miscellaneous equipment or disposed as hazardous waste.	Y
4.2	For concrete pads where curbing is not present, a temporary water proof berming material was installed.	NA
4.2	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
4.2	Washing equipment and supplies, water sources and washwater collection points were available.	Y
4.2	Ingress and egress were limited to a single retaining wall stair well or ladder.	Y
4.2	Emergency equipment and PPE decontamination stations were in place.	Y
4.2	Transfer and containment of spent washwater were in place.	Y
4.3	All debris and loose dirt were swept up and placed into containers for disposal as hazardous waste.	Y
4.4	If needed, heavily stained or discolored concrete surfaces were pre-soaked with washwater or a sodium hydroxide solution. (Should staining or contamination persist after pressure washing then impacted concrete sections will be subject to the procedures in Section 5). Solution used: _____	NA
4.5	Surfaces were pressure washed. Decontamination work was performed evenly on surfaces starting from the highest contours. Blank or blind sumps were power washed.	Y
4.5	Sumps and collection points were continuously pumped. Spent washwater was transferred to temporary storage tank.	Y
4.6	A single rinse with clean water was applied evenly on surfaces starting from the highest contours working down to sumps.	Y
4.6	Spent rinseate was collected into a temporary storage tank.	Y
4.7	Verification of successful decontamination was conducted in accordance with Section 8.	Y

HWMUs (Hazardous Waste Management Unit) are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

HWMU/SWMU: VAC POT / DATA FROM P&S DATE: 3/6/09

[illegible]

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	 Project Superintendent Signature
Lead Technician Printed Name	MIKE GIBSON Project Superintendent Printed Name
3/7/09 Date	3/11/09 Date

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

UNIT IDENTIFICATION			
HWMU/SWMU Name:	VAC POT / TANK FARM (DAD)		
Floor Surface Area:	820 Sq. ft.	Wall Surface Area:	60 Sq. ft.
Minimum number of 1-square foot close examination locations (at least three locations or one per 500 sq ft, whichever is greater)			3 + 1

FIRST THREE LOCATIONS AND GENERAL AREA			
Location 1:	Bottom of blind sump (specify location): <u>CENTER</u>		
Observations:	<u>Lowest point</u>		
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #2:	<u>FRAMER VAC POT LOCATION</u>		
Note: If the subject unit is a tank farm, this location must be beneath a tank or previous location of a tank.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #3:	<u>NORTHWEST BRIM QUAD</u>		
Note: if the subject unit is a tank farm, this location must be on an inside wall within one (1) foot of the floor.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Areas <u>ALL</u>			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ADDITIONAL LOCATIONS, if necessary; attach additional sheets as required			
Identify Location # and describe:	<u>RAMP ENTRANCE</u>		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remaining Interior Surfaces			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**VERIFICATION FORM FOR CONCRETE
CLEAN DEBRIS SURFACE STANDARD**

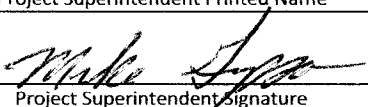

Unit Identification	
HWMU/SWMU Name:	VAC POT / THIN FILM PAD

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 8 for guidance. Attach unit diagram or sketch.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p align="center"><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cut out and dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
MIKE GIPSON	Matthew Dunn
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/11/09	3/18/09
Date	Date

CHECKLIST DECONTAMINATION OF CONCRETE STRUCTURES

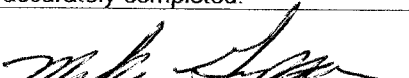
HWMU/SWMU: Redwood Room Floor/WMU DATE: 2/23/04

SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
4.1	A visual inspection of concrete surfaces to include sumps, floors, walls and berms was made to ascertain the safest and most effective decontamination approach.	Y
4.1	Concrete surfaces and epoxy coatings were inspected for cracks, gaps, peeling, bubbles, or other major structural defects prior to decontamination to determine potential subsurface soil sampling locations.	Y
4.1	Any cracks that were observed to extend through the entire thickness of the concrete slab were sealed using non-toxic caulking.	N/A
4.1	Gradients and slope were considered when determining where to allow washwater to flow for collection.	Y
4.2	Metallic or non porous items that would interfere with decontamination were disassembled. They were either placed into containers for decontamination as miscellaneous equipment or disposed as hazardous waste.	Y
4.2	For concrete pads where curbing is not present, a temporary water proof berming material was installed.	N/A
4.2	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
4.2	Washing equipment and supplies, water sources and washwater collection points were available.	Y
4.2	Ingress and egress were limited to a single retaining wall stair well or ladder.	Y
4.2	Emergency equipment and PPE decontamination stations were in place.	Y
4.2	Transfer and containment of spent washwater were in place.	Y
4.3	All debris and loose dirt were swept up and placed into containers for disposal as hazardous waste.	Y
4.4	If needed, heavily stained or discolored concrete surfaces were pre-soaked with washwater or a sodium hydroxide solution. (Should staining or contamination persist after pressure washing then impacted concrete sections will be subject to the procedures in Section 5). Solution used: _____	N/A
4.5	Surfaces were pressure washed. Decontamination work was performed evenly on surfaces starting from the highest contours. Blank or blind sumps were power washed.	Y
4.5	Sumps and collection points were continuously pumped. Spent washwater was transferred to temporary storage tank.	Y
4.6	A single rinse with clean water was applied evenly on surfaces starting from the highest contours working down to sumps.	Y
4.6	Spent rinseate was collected into a temporary storage tank.	Y
4.7	Verification of successful decontamination was conducted in accordance with Section 8.	Y

HWMUs (Hazardous Waste Management Unit) are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

HWMU/SWMU: REBOILED Acid Plant DATE: 2/23/09

[illegible]

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	 Project Superintendent Signature
Lead Technician Printed Name	MIKE EIRSON Project Superintendent Printed Name
2/23/09 Date	2/25/09 Date

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

UNIT IDENTIFICATION			
HWMU/SWMU Name:	REBUILT ROOM 10' 4' Feet ↑		
Floor Surface Area:	500 Sq. ft.	Wall Surface Area:	480 Sq. ft.
Minimum number of 1-square foot close examination locations (at least three locations or one per 500 sq ft, whichever is greater)			5

FIRST THREE LOCATIONS AND GENERAL AREA			
Location 1:	Bottom of blind sump (specify location): SOUTH CENTER		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #2:	BEAN VEST 7210		
Note: If the subject unit is a tank farm, this location must be beneath a tank or previous location of a tank.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #3:	SOUTH EAST WALL		
Note: if the subject unit is a tank farm, this location must be on an inside wall within one (1) foot of the floor.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Areas	FLOOR NEXT TO TOWER BASE		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ADDITIONAL LOCATIONS, if necessary; attach additional sheets as required			
Identify Location # and describe:	EAST CENTER AT DAMP (BAY DOOR)		
Observations:	FLOOR		
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remaining Interior Surfaces			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**VERIFICATION FORM FOR CONCRETE
CLEAN DEBRIS SURFACE STANDARD**

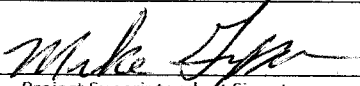

Unit Identification	
HWMU/SWMU Name:	DISTILLATION RECOVER ROOM

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 8 for guidance. Attach unit diagram or sketch.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cut out and dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
MIKE GIBSON	Matthew Dunn
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/25/09	2/26/09
Date	Date

CHECKLIST DECONTAMINATION OF CONCRETE STRUCTURES

HWMU/SWMU: VOC concrete pads

DATE: 3/6/09


SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
4.1	A visual inspection of concrete surfaces to include sumps, floors, walls and berms was made to ascertain the safest and most effective decontamination approach.	Y
4.1	Concrete surfaces and epoxy coatings were inspected for cracks, gaps, peeling, bubbles, or other major structural defects prior to decontamination to determine potential subsurface soil sampling locations.	Y
4.1	Any cracks that were observed to extend through the entire thickness of the concrete slab were sealed using non-toxic caulking.	NA
4.1	Gradients and slope were considered when determining where to allow washwater to flow for collection.	Y
4.2	Metallic or non porous items that would interfere with decontamination were disassembled. They were either placed into containers for decontamination as miscellaneous equipment or disposed as hazardous waste.	Y
4.2	For concrete pads where curbing is not present, a temporary water proof berming material was installed.	NA
4.2	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
4.2	Washing equipment and supplies, water sources and washwater collection points were available.	Y
4.2	Ingress and egress were limited to a single retaining wall stair well or ladder.	Y
4.2	Emergency equipment and PPE decontamination stations were in place.	Y
4.2	Transfer and containment of spent washwater were in place.	Y
4.3	All debris and loose dirt were swept up and placed into containers for disposal as hazardous waste.	Y
4.4	If needed, heavily stained or discolored concrete surfaces were pre-soaked with washwater or a sodium hydroxide solution. (Should staining or contamination persist after pressure washing then impacted concrete sections will be subject to the procedures in Section 5). Solution used:	NA
4.5	Surfaces were pressure washed. Decontamination work was performed evenly on surfaces starting from the highest contours. Blank or blind sumps were power washed.	Y
4.5	Sumps and collection points were continuously pumped. Spent washwater was transferred to temporary storage tank.	Y
4.6	A single rinse with clean water was applied evenly on surfaces starting from the highest contours working down to sumps.	Y
4.6	Spent rinseate was collected into a temporary storage tank.	Y
4.7	Verification of successful decontamination was conducted in accordance with Section 8.	Y

HWMUs (Hazardous Waste Management Unit) are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

**CHECKLIST
DECONTAMINATION OF CONCRETE STRUCTURES
(Reverse)**

HWMU/SWMU: <u>VOC CONCRETE JAS</u>	DATE: <u>3/6/09</u>
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SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
	
Lead Technician Signature	Project Superintendent Signature
	MIKE EIDSON
Lead Technician Printed Name	Project Superintendent Printed Name
<u>3/9/09</u>	<u>3/9/09</u>
Date	Date

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD

UNIT IDENTIFICATION			
HWMU/SWMU Name:	VOC PAD		
Floor Surface Area:	100 Sq. ft.	Wall Surface Area:	10 Sq. ft.
Minimum number of 1-square foot close examination locations (at least three locations or one per 500 sq ft, whichever is greater)			2

FIRST THREE LOCATIONS AND GENERAL AREA			
Location 1:	Bottom of blind sump (specify location): PROCESS FLOOR CENTRE		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #2:	FINISHED PRODUCT HOLDING AREA		
Note: If the subject unit is a tank farm, this location must be beneath a tank or previous location of a tank.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location #3:			
Note: if the subject unit is a tank farm, this location must be on an inside wall within one (1) foot of the floor.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Areas	ALL		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ADDITIONAL LOCATIONS, if necessary; attach additional sheets as required			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Remaining Interior Surfaces			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD



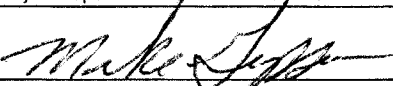


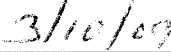
Unit Identification	
HWMU/SWMU Name:	VOC UNIT PAD

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 8 for guidance. Attach unit diagram or sketch.

Verification Results	
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cut out and dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
<p>I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.</p>	<p>I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.</p>
	
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
	
Date	Date

CHECKLIST DECONTAMINATION OF CONCRETE STRUCTURES

HWMU/SWMU: DRUM STORAGE BUILDING DATE: 3/11/09


SOP SECT. #	SOP STEP	COMPLETED (Y - N - N/A)
4.1	A visual inspection of concrete surfaces to include sumps, floors, walls and berms was made to ascertain the safest and most effective decontamination approach.	Y
4.1	Concrete surfaces and epoxy coatings were inspected for cracks, gaps, peeling, bubbles, or other major structural defects prior to decontamination to determine potential subsurface soil sampling locations.	Y
4.1	Any cracks that were observed to extend through the entire thickness of the concrete slab were sealed using non-toxic caulking.	N
4.1	Gradients and slope were considered when determining where to allow washwater to flow for collection.	Y
4.2	Metallic or non porous items that would interfere with decontamination were disassembled. They were either placed into containers for decontamination as miscellaneous equipment or disposed as hazardous waste.	Y
4.2	For concrete pads where curbing is not present, a temporary water proof berming material was installed.	N/A
4.2	Spray barriers or protective sheeting were installed (if there is a possibility of overspray beyond the containment area).	Y
4.2	Washing equipment and supplies, water sources and washwater collection points were available.	Y
4.2	Ingress and egress were limited to a single retaining wall stair well or ladder.	Y
4.2	Emergency equipment and PPE decontamination stations were in place.	Y
4.2	Transfer and containment of spent washwater were in place.	Y
4.3	All debris and loose dirt were swept up and placed into containers for disposal as hazardous waste.	Y
4.4	If needed, heavily stained or discolored concrete surfaces were pre-soaked with washwater or a sodium hydroxide solution. (Should staining or contamination persist after pressure washing then impacted concrete sections will be subject to the procedures in Section 5). Solution used: _____	N/A
4.5	Surfaces were pressure washed. Decontamination work was performed evenly on surfaces starting from the highest contours. Blank or blind sumps were power washed.	Y
4.5	Sumps and collection points were continuously pumped. Spent washwater was transferred to temporary storage tank.	Y
4.6	A single rinse with clean water was applied evenly on surfaces starting from the highest contours working down to sumps.	Y
4.6	Spent rinseate was collected into a temporary storage tank.	Y
4.7	Verification of successful decontamination was conducted in accordance with Section 8.	Y

HWMUs (Hazardous Waste Management Unit) are found in SOP Appendix A (Inventory of Units and Equipment).
Note any comments on the back of this form and reference the SOP Section #.

**CHECKLIST
DECONTAMINATION OF CONCRETE STRUCTURES
(Reverse)**

HWMU/SWMU: Down STRIDGE All Diver DATE: 3/11/09

SOP SECT. #	COMMENTS

I have completed this form based on my actions or observations, and attest that the information noted is true and accurate.	Based on my personal observations and/or inquiry of responsible individuals, I attest that this form was properly and accurately completed.
Lead Technician Signature	 Project Superintendent Signature
Lead Technician Printed Name	MIKE O'PSON Project Superintendent Printed Name
3/12/09 Date	3/16/09 Date

**VERIFICATION FORM FOR CONCRETE
CLEAN DEBRIS SURFACE STANDARD**

UNIT IDENTIFICATION			
HWMU/SWMU Name:			
Floor Surface Area:	<u>11,43</u> Sq. ft.	Wall Surface Area:	<u>160</u> Sq. ft.
Minimum number of 1-square foot close examination locations (at least three locations or one per 500 sq ft, whichever is greater)			<u>16 + 9.</u>

FIRST THREE LOCATIONS AND GENERAL AREA			
Location 1:	Bottom of blind sump (specify location): <u>CENTER OF TRENCH</u>		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location #2:	<u>SEE ATTACHED DETAIL SHEET</u>		
Note: If the subject unit is a tank farm, this location must be beneath a tank or previous location of a tank.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location #3:			
Note: if the subject unit is a tank farm, this location must be on an inside wall within one (1) foot of the floor.			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Areas			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL LOCATIONS, if necessary; attach additional sheets as required			
Identify Location # and describe:	<u>SEE ATTACHED LOCATION SHEET</u>		
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Identify Location # and describe:			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining Interior Surfaces			
Observations:			
Surface contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residues in cracks, pits: <input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFICATION FORM FOR CONCRETE CLEAN DEBRIS SURFACE STANDARD


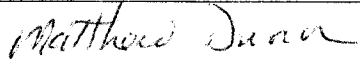
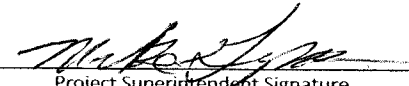

Unit Identification	
HWMU/SWMU Name:	DIZON STREET BUILDING

Verification Comments

NOTES

See Romic Southwest Closure SOP Section 8 for guidance. Attach unit diagram or sketch.

Verification Results	
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
<p>"Pass" indicates that each surface has passed visual inspection; that is, each surface, when viewed without magnification, is free of all visible contaminated soil and hazardous waste except that residual staining from soil and waste consisting of light shadows, slight streaks, or minor discolorations, and soil and waste in cracks, crevices, and pits may be present provided that such staining and waste and soil in cracks, crevices, and pits shall be limited to no more than 5% of each square inch of surface area. [ref 40 CFR 268.45 Table 1]</p>	
<p><i>If equipment failed, Project Superintendent to decide whether to repeat decontamination</i></p>	
Repeat Decontamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cut out and dispose as hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Superintendent Comments:	

Project Superintendent Certification	Project Manager Certification
I certify that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system and/or are directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.
	
Project Superintendent Printed Name	Project Manager Printed Name
	
Project Superintendent Signature	Project Manager Signature
3/16/09	3/18/09
Date	Date